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ORIGINAL ARTICLES.

SOME OBSERVATIONS ON ONE HUNDRED AND EIGHTEEN CONSECUTIVE CASES OF TYPHOID FEVER.*

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In the early part of March of last year an epidemic of typhoid fever broke out in that part of Pittsburgh known as the South Side, and for some time spread with alarming rapidity. After a month or six weeks, the disease began to decline, but has never been entirely stamped out. Since that time my visiting-list has never been free from the names of typhoid patients.

During the early part of the epidemic there were a great many deaths, but nearly all, I believe, under old-school treatment. From the time of the appearance of this epidemic until the same time the next year, it fell to my lot to treat 118 patients, of whom but two died, a death rate of less than two per cent.

In this paper I do not purpose to enter into a description of this familiar disease, but merely to give some observations upon the disease as I have met it, and the treatment my cases received; the results of which have been very satisfactory. It has been the good fortune of but few to have less than two deaths in 118 consecutive cases of typhoid fever.

Dr. William Pepper, of Philadelphia, in a paper published in the *Philadelphia Medical Times* of Feb. 12th, 1881, reports 100 consecutive cases treated, with 97 recoveries. Ellis, in his *Diseases of Children*, says, one-fifth of the cases of this disease in children result fatally. Ziemssen's "Encyclopedia of the Practice of Medicine" gives the mortality in some reports published as high as 40.7 per cent., ranging from that down to 12.2 per cent. We, as homœopaths, should feel gratified that we can give reports more favorable than any yet published by our old school friends.

The recognition of typhoid fever is, as a rule, not a difficult matter, but where any doubt exists it is best to consider the case as typhoid until positive it is something else.

The course of the fever, in my cases, was usually as described in the text books; the temperature steadily increasing day by day for the first seven or eight days at the rate of from one-half a degree to one per day. For the next ten or twelve days, or until about the twenty-first day, the fever was continuous, with about a degree or a degree and a half difference between morning and evening. For the next seven days, or until the end of the fourth week, the fever declined rapidly, the temperature after a few days being little above normal in the morning, but coming up several degrees in the evening. In many cases the temperature reached its maximum at the end of the first week, was continuous the second week, and after the fourteenth day declined and reached the normal on or about the twenty-first day.

In some few cases the temperature rose gradually from the first to the seventh day, and on the eighth day there would be a marked decrease, but it would go up again gradually, and on the fifteenth day would be as high as or higher than on the seventh day, but would fall suddenly only to gradually re-rise until the end of the twenty-first day, after which it would rapidly reach the normal. Some cases started out with a high temperature of 103° to 104°. In these cases the fever seemed to be at or near its maximum at the start, and if the treatment was well selected soon began to decline. In several cases there was scarcely any rise of temperature or increase of pulse, the latter at times being sub-normal, yet all the other symptoms and the general condition of the patients left no doubt but that these were cases of typhoid fever without any fever.

The highest temperature I observed was 106°, taken about four o'clock in the afternoon. The case recovered. Another patient having a temperature of 106° at nine o'clock in the evening, also recovered. In many cases the temperature during the third week, taken in the morning, was 104°; what the evening temperature was I do not know by actual observation, but from the well known history of the course of the disease, we can feel quite positive it was 105° to 105.5°. I did not then, and do not now, except in very rare cases, visit typhoid patients oftener than once a day. I think it is unnecessary, and when a physician is attending thirty or forty cases, or even a much less number, it is impossible.

I say that I do not think it necessary, as a rule, to visit typhoid patients oftener than once in twenty-four hours, notwithstanding we have no less authority than Prof. Liebermeister, in his excellent, exhaustive, interesting and instructive article on typhoid fever in Ziemssen, using these words: "Any physician who does not make two or more observations of the temperature every day neglects his duty. To measure the temperature in the rectum, or even in the axilla, requires so little time that a physician who does not have the requisite leisure can hardly treat such a patient at all."

Prof. Liebermeister is undoubtedly a man of great ability, but as showing that it will not do to adopt everything he says, and that able men sometimes say very foolish things, witness also the following which occurs in the same paragraph with the above: "The use of the thermometer in private practice, showing as it does to unprofessional persons the importance of the rise and fall of temperature and the effect of treatment on the fever, has more than anything else narrowed the field of homœopaths and charlatans." If this were true in the time and place where written, it is not true in this time and in this country. I have met two physicians who do not use the thermometer, and both are allopaths.

In a few of the cases the bowels were constipated throughout the entire illness. These were the cases in which there was the least concern felt as to the result. In five cases there were intestinal hemorrhages; all recovered. About an equal number had bloody stools, and two had uterine hemorrhages; these also recovered.

* Read before the Hom. Med. Soc. of Pa., 1881.

Delirium, when violent and continuous, made the prognosis very grave, yet I felt that if the diarrhoea could be kept under control and the temperature kept within safe limits, the case would come through all right, and I was not disappointed. I think we must regard persistent and excessive diarrhoea as the most dangerous symptom in a case of typhoid fever, whilst the opposite condition of the bowels is a most favorable symptom. Jahr says he had not lost a single case in whom the bowels remained costive up to the time of the crisis. Hering said he did not regard with concern the non-appearance of a stool even in the third week, and that the same applies in child-bed.

I wish to remark here, that in all the cases of typhoid fever I have treated, I have not observed, in one single instance, what I understand to be a crisis. On the contrary, the fever rose gradually, remained for a time at its height and gradually declined. I like the teaching of Raus on this point, who lays down the following as his conclusions: "The right remedy cures a disease without a crisis; and thus we have an indisputable proof that the selected remedy was the remedy. When, after the administration of a homœopathic remedy, a crisis takes place notwithstanding, we may be sure we did not hit the case, and that the patient got well without our aid. When no crisis occurs and the patient gets worse and worse, it is clear that we did not find the right remedy, and we may even have spoiled the case by wrong means."

In the treatment of these 118 cases thirteen remedies were used which I shall name in the order of their importance, the first named being used in the greatest number of cases, the last named in the fewest cases: *bryonia*³, *rhua tox*³, *phos acid*¹², *baptisia*³, *hyoscyamus*²⁰, *arsenicum*³, *phosphorus*³, *nitric acid*³, *china*³, *stramonium*³⁰, *hamamelis tinct.*, *secale tinct.*, and *carbo veg*³. The last four remedies, *stramonium*, *hamamelis*, *secale* and *carbo veg*, were used in but one case each.

Bryonia was always indicated in the beginning if the bowels were constipated, and the bowels would almost invariably be constipated unless purgatives had been employed and a diarrhoea produced, which I think we may look upon as a most unfortunate state of affairs in the beginning of a case of typhoid fever. If the bowels had been costive and the patient had produced a diarrhoea by drugs and the other symptoms still called for *bryonia*, that remedy was given. If no purgatives had been employed and diarrhoea was present at the outset, *baptisia* was given in almost every case.

Nearly all cases were constipated for the first week, and fortunate are we if they continue so in the second and third weeks, but it is not often they do so. As soon as diarrhoea would set in *rhua* was given, and in a large majority of cases controlled the diarrhoea, kept down the temperature and quieted the delirium. Where it failed to quiet the delirium, *hyoscyamus* was substituted, provided the condition of the bowels did not call for something else. In some cases the *hyoscyamus* was interpolated, being given each third dose. This was very satisfactory. Where *rhua* failed to control the diarrhoea, and the stools were yellow, watery, windy, and painless, *phos. acid* never failed. Many cases were treated almost or quite entirely with *phos. acid*. The patients did not complain, tongue not very dry, and the diarrhoea light colored and painless, preceded by borborygmus and accompanied by considerable noisy flatus.

If after *rhua* the diarrhoea continued unmodified, was dark in color and very offensive, *arsenicum* was resorted to.

Baptisia, much lauded by some, was not used much, for the reason that usually some of the other remedies were indicated. Where nothing else seemed indicated *baptisia* was given, by exclusion as it were, and was generally continued throughout the case; it seemed to have a modifying influence, but I could never see that it was capable of producing such striking results as *rhua* or

arsenicum. *Rhua*, I think, leads the list of typhoid fever remedies after the *bryonia* period has passed.

For the frequent urging to urinate, with burning and scanty discharge, which occurred in a number of cases, *arsenic* was always given and almost always brought speedy relief. If there was retention—a condition which should be looked for daily—the catheter was the best remedy, used twice a day; though in one case I withdrew the urine but once a day and she got along as well as the others; yet I think this was not often enough, but mention it to show that it is not a fatal error to allow the bladder to remain unemptied for twenty-four hours.

Phosphorus was given in those cases complicated by pneumonia and with the most gratifying results. *Nitric acid* in intestinal hemorrhage, was sufficient except in one case. This case I was called to see after it had advanced into the second stage. He was put on *arsenic*, which was continued for four days, when several slight hemorrhages from the bowels occurring he was put on *nitric acid*, and the following morning I was shown a large vessel holding several quarts, filled with blood passed during the night; the patient was blanched and covered with cold sweat, the pulse weak and slow, and the temperature which had been 104° was down to 101°. *Hamamelis*, ten drops in a tumbler half full of water, two teaspoonfuls every hour was given. In the evening the report was, that the bowels had not been moved since my morning visit. The prescription was continued unchanged and the bowels did not move that night nor the next day, but during the next night fully a half-gallon of dark, partly clotted blood was again passed, and at my morning visit the patient appeared almost exsanguinated. *Hamamelis tinct.* as before was continued in alternation with *china*³, a dose every hour. The next time the bowels moved, which was a week or more after this, the stool was natural. He made a good and, considering his condition, a rapid recovery.

Secale was given to one case—a woman who took fever soon after delivery. Her case was a remarkable one; diarrhoea was present from the outset, soon pneumonia set in and with it delirium, and then hemorrhage from the bowels. Under the persistent use of *phosphorus* the bowels, lungs and mind were improving when hemorrhage from the womb occurred. *Secale*³ was given and the flooding ceased, but about every four or five hours she would have a slight pain in the uterus and discharge from the vagina a pear-shaped clot of blood, showing that the uterus was not firmly contracted. This state of affairs continuing unmodified for several days, I dissolved twenty drops of the fluid extract of *ergot* in a half glass of water, giving two teaspoonfuls every hour. This was continued for more than a week; the clots discharged becoming gradually smaller and less frequent, and finally ceased. The *secale tinct.* was continued for several days after the discharge of blood had ceased, alternated with *china*, after which she took *china* alone for a long time. This woman's evening temperature for four weeks or more was from 104° to 105°, and for fully two months her pulse was never below 120. Her convalescence was very tardy, but she is living and well to-day.

Carbo veg. was given in one case for gangrene of one side of the face and neck, which occurred in a little girl during convalescence. *Arsenic* and *secale* were also used. She died. The walls of the jugular vein were destroyed, resulting in fatal hemorrhage. I have not found a similar case recorded in medical literature. This was one of the two fatal cases; the other fatal case was a young man. He was doing well, not a single untoward symptom being present, when suddenly he was seized with intense pain in the abdomen shooting down to the end of the penis; along with the pain there was vomiting of enormous quantities of a bitter, watery fluid the color of green bottle glass; his pulse and temperature fell below normal; he was bathed in cold perspiration, his face pinched, a picture of collapse.

Everything introduced into the stomach was ejected. Warm fomentations were applied to the abdomen and the pain gradually ceased, but it would be renewed on the least motion, as would also the vomiting, but the latter continued to occur even though he did not move. This state of affairs continued for forty-eight hours, when he died. He passed into another physician's hands a few hours before he died, else I might be able to report the post-mortem. A case presenting many similar symptoms was reported by Dr. J. H. McClelland to the Allegheny County Anatomical Society, last winter, in which Dr Harris, of New Castle, Pa., made a post-mortem and found the duodenum gangrenous.

What the diet of typhoid fever patients should be is a question upon which men differ considerably. It is almost useless to try to lay down any rules on this subject as there is such great difference in the likes and dislikes of patients. And yet it is a matter of the greatest importance. That no solid food should be allowed is agreed to by all; liquid food being alone safe. Milk leads the list, and if the patient likes it and it agrees, we will hardly need anything else. But fully half the cases I have met will not drink milk and some vomit after drinking it. The same is true of beef tea—more patients dislike than like it, some get sick and vomit after taking it, others again suffer diarrhoea after it. Each patient as regards his feeding must be treated according to his individual peculiarities; if he will take milk freely and it does not disagree, all the better. Some of my cases took regularly two quarts of fresh sweet milk per day. If they will take beef tea and we can discover no ill effects follow, let them have it cautiously. I think it has a tendency to keep up the temperature, as also do liquors, and whatever does this should be cautiously used. The reduction of strength and rapid emaciation is not so much due to the patients' not eating, as to the elevated temperature. Anything that will keep down temperature will preserve strength; anything that will cause elevation of temperature will increase prostration and diminish the chances of recovery. My patients were treated very largely on the starvation plan, water being allowed *ad lib.* and milk, also, where it was relished and assimilated. No forced feeding was practiced. Beef tea was used in all cases that would take it, but not early in the disease. Whiskey in milk was used in some few cases and pure whiskey when the heart showed signs of weakening, or if there were signs of the nervous system giving out. Wine was used with marked benefit. It was given only after the fever had begun to decline and during convalescence. The point to watch all through the fever and for a considerable time afterwards is, that the patient does not eat too much. I think I give the experience of every physician when I say I have seen serious and even fatal results follow the giving of too much or improper food, but I have yet to see the case that has suffered to any serious extent from not getting nourishment sufficient.

Sponging the entire body with cool or tepid water every morning and evening, changing the patient's clothing and the bed-clothes frequently, ventilating and airing well the sick-room, and forbidding visitors from calling or talking with the patient, were matters as carefully watched and strictly enforced as possible.

IPECACUANHA IN JAUNDICE.—Professor Rosebach had observed a certain catarrhal condition in the trachea in the cat, in which the mucus was found to be exceedingly constant, and if he injected *ipecacuanha* into the veins of the animal it became at once very much increased, and very much less tenacious. That was exactly what was wanted here—something which would enter the blood and act upon the mucus in the bile-ducts, and thus allow the bile to push its way into the duodenum. With regard to the doses of *ipecacuanha*, Dr. Ewart had mentioned that a quarter of a grain to a grain was used in India. It depended upon the nausea.—*Phila. Med. Times.*

CHOREA AND ITS TREATMENT.

By BUKE G. CARLETON, M.D.,

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A large percentage of the cases of chorea which we are called upon to treat occur in school children. Of 64 cases treated, only two were under five years, and eight over 15 years of age. Upon additional examination, we find that the disease more frequently manifests itself in girls than in boys. Of the number treated, 17 were males and 47 females, which is probably due to a more delicate and sensitive nervous organism. This disease may occur at any period of life. Sometimes it exhibits itself in the new-born child. In the adult it is sometimes present, more especially, however, in the pregnant female (usually a primipara who has suffered with one or more attacks during childhood.) Occurring at this time it is always to be looked upon with apprehension.

When called upon to attend a case of this character, we should first ascertain, if possible, the cause, and, if still existing, remedy it; as for example, over-schooling, mimicking of others, irritating garments (as shoulder braces, etc.) worms or masturbation. Physiological and hygienic conditions must receive proper consideration.

If they are attending school, discontinue it at once. All mental work should be prohibited for at least one year, and in no case should this class of children be allowed to attend school before they have arrived at their tenth year.

Change of air and surroundings is very beneficial, and frequently of itself effects a cure. Out-door enjoyments should be encouraged; the patients, however, should not be allowed to romp unchecked, for they are of an excessively nervous temperament and tend to extremes in joyous frolics, which completely and injuriously exhaust them. (Movements, to be advantageous to a patient, must always be discontinued before fatigue has been produced.) Short promenades, carriage rides, boat rides, and other slight physical exertions in mild cases, are very useful, as are also visits to the sea shore.

Rest is desirable, but patients should not be compelled to remain quiet. Their wants should be so anticipated that the necessity for muscular exertion may be obviated. In very severe cases recovery is much more rapid and satisfactory if, during the most violent period, the patient remains in bed. Short naps during the day are very beneficial in all cases.

Excitement of all kinds and all reference to the illness should be avoided as far as possible. The government should be firm but mild, obedience being brought about not by fear of physical demonstration, but rather by persuasion.

Diet should be substantial and as largely fatty as the system will assimilate; a small glass of cream after breakfast will do much towards restoring the system to its normal condition and supplying material to repair the waste caused by the incessant movements. Dinner should be eaten at noon and a light supper at six P. M. In those cases in which sleep is disturbed by the choreic movements a glass of beer, ale or porter at bed time usually produces a good night's rest. Faradism and galvanism are highly recommended by authors on Electrotherapeutics, but we have failed to notice much improvement from either.

The following medicines have served us well when given in accordance with the individual indications.

Aconite when the attack has been produced by fright or exposure to cold west winds, accompanied by restlessness, anxiety and constant change of position.

Agaricus mus. Twitching of the voluntary muscles, the eyelids always being involved. During sleep all choreic movements subside. Spinal sensitiveness; itching spots on the skin like a chilblain, especially on the ears and toes.

Arsenicum alb. should be administered for the prostration and weakness resulting from the continuous nervous and muscular exertions. Aggravations after midnight; fear of death and of being alone; changing position continually, wants to go from bed to bed; characteristic thirst and other concomitant symptoms.

In cases in which we have failed to give relief with strict symptomatology, the most happy results have thus far been obtained from one drop doses of Fowler's solution before eating for three days, then increasing to two drop doses. With this quantity we have usually produced physiological manifestations, at which period we returned to the one drop dose, and from that time our patients have rapidly gone on to recovery.

Belladonna. The choreiform movements are characterized by a throwing backwards of the body; sensitive spots are usually present in the cervical and lumbar regions; pupils dilated; face red, congested, and headaches frequently accompany.

Calcarea phos. is especially useful in children who have been mentally overworked, with a history of headache aggravated in school, relieved while in the open air—presenting a pale anemic or chlorotic condition.

Cina, when the exciting cause has been intestinal irritation, be it from worms or other causes. The most prompt results in cases of this character have been from *santonine*. The choreiform movements indicating this drug are not discontinued during sleep and are accompanied by the characteristic worm symptoms.

Cnicifuga rac. when the choreiform movements are hemilateral, usually on the left side. They soon involve the trachea, and swallowing becomes more or less difficult. Muscular tremors are present. Sensitive spinal spots are usually present, and a rheumatic diathesis can be traced.

Cocculus ind. controls choreiform movements involving only the right arm and leg.

Cauticum. Distortions, twitchings and clonic spasms of the limbs (especially the legs); children fall easily. Jerking of the limbs so violent as to interfere with sleep. The choreic movements are worse during the night, and relieved towards morning and during the day. This drug is especially useful in post-hemiplegia chorea, usually accompanied with unconscious nocturnal incontinence of urine.

Cuprum met. The distortions are very violent, eyes fixed or staring. Spasmodic contraction of the jaws. Jerking and twitching of the muscles of the extremities. Deep sleep with choreic movements of the limbs. Choreiform movements accompanied with violent cramps. Impaired capillary circulation.

Hyoscyamus nig. Squinting and spasmodic closing of the eyelids; trembling (especially of the arms). Falling of the head from side to side. Laughing at every thing told them. Smiling, silly expression of the face.

Ignatia. Chorea caused by fright or grief and accompanied by frequent sighing.

Laurocerasus. Great difficulty in deglutition. Articulation being interfered with, it causes great anger and they become unmanageable because they cannot make themselves understood. Constant striking at objects. Destruction of their clothes. Can neither sit nor stand on account of incessant movements. Idiotic expression of the face. Cold and clammy feet and legs to the knee. Emaciation.

Natrum mur. Chronic cases caused by fright or suppressed eruptions. Choreiform movements most marked on the right side. Aggravations during the full moon.

Nux vomica, twitching and jerking of various parts of the body.

Stramonium, trembling of upper extremities, with a groping forwards in the various movements. Choreic movements of arm and leg of opposite side. Prayerful moods.

Val. of Zinc. When the choreiform movements are accompanied with sleeplessness and great nervous excitement.

Magnesium phos. and *Verat. vir.* promise much, but as yet we have had but little opportunity to use them; Sulphur has been used as an intercurrent remedy with satisfactory results in chronic cases and in those that did not respond to the indicated remedy.

AMYLOID DEGENERATION OF KIDNEY.

By C. B. CURRIER, M.D., SAN FRANCISCO, CAL.

Within the past five months my attention has been particularly directed to amyloid degeneration of the kidneys, by two cases in which the chief factors in producing the disease was in one instance inveterate syphilis, and in the other, tuberculosis; both cases being local manifestations of general constitutional disease, with sequel of degenerative processes as characterized in amyloid degeneration of the kidneys.

Although the day has gone by when albuminuria-producing diseases were all classed under the generic head of Morbus Brightii, there is still much left to be cleared up in relation to that particular form of kidney affection designated as amyloid degeneration.

Special attention has of late years been given to the investigation of this subject, but in view of how much there is to be learned in the recognition and treatment of disease, one is almost overwhelmed by the conviction that to the general practitioner, life is all too short even to become familiarized with the knowledge that has been gathered and stored by others, and an average life time spent in minute search after truth and light upon one single subject would yield but discouragingly small results.

Amyloid degeneration of the kidneys was long an unrecognized condition. As late as 1842 Rokitanaki first called attention to it as a peculiar form of Bright's disease. Virchow was the first one who gave special investigation to the subject of the anatomical alterations in this disease. He attributed the change in the affected organs to the deposit of a foreign substance whose reactionary effects suggested the name amyloid.

Other and later authorities, among whom are many distinguished German and English names, have devoted untiring energy to making researches, comparing cases and furnishing essential characteristics which have resulted in the demonstration of important facts bearing upon this subject, aside from any anatomical and chemical distinctions, and despite the fact that they do not all agree in every particular of differentiation, they have yet deserved our gratitude in reaching definite results which serve to aid us to arrive at a correct diagnosis and proper treatment.

Following authorized precedent, we may safely conclude that amyloid degeneration of the kidney is almost invariably the result of previous or still existing severe suppurative disease, such as tuberculosis, syphilis or some other process involving general nutrition.

According to Niemeyer, "where an individual whose previous history has been one of ordinary health, is affected by symptoms of albuminuria, ascites and general blood deterioration, the conclusion that he is suffering from amyloid degenerated kidneys may be safely excluded from the diagnosis—but on the contrary, similar symptoms in one who has a previous or still existing history of syphilis, tuberculosis or any other disease of suppurative character, makes it very probable that amyloid degeneration of the kidneys has already begun its destructive work. Bartels asserts that, aside from all considerations, "there must be some special cause," perhaps some chemical agent obtained from the atmosphere, which conveyed into the blood is thence deposited in the tissues that become the seat of amyloid degeneration.

He says further in relation to this subject that in the majority of cases of amyloid degeneration that have been familiar to him, "the original focus of infection was so situated as to be in direct contact with the external air—either by continuous extension, by fistulous tract, or by

communication with cavities containing gas and connected with the open air—as for example the intestines.”

In other words, stagnated pus may exist for years within deep burrowed cavities, without entailing amyloid conditions; but once allowed contact with the external air, amyloid degeneration becomes an almost certain sequence.

Among the fundamental conditions which develop amyloid renal degeneration, syphilis, in its inveterate and constitutional form, perhaps occupies the foremost rank.

Its initial manifestations are not necessarily alarming; pain may be entirely absent, as also loss of appetite and emaciation; so insidious is it in its approach that it has often advanced to a condition where recognized alterations in the kidneys, and possibly degeneration in other organs, have already been effected, before its existence has been even suspected.

When once its characteristic symptoms have been fully developed the rule will be found to be, loss of strength, general anæmic appearance, anasarca and marked change from normal condition in the urine. It should be the rule of every physician to make frequent and careful examination of the urine of his patients; in almost all cases this is an excellent precautionary measure, but especially is it imperative where there is the least suspicion of renal disease, when no symptom should be allowed to escape early recognition.

In one of the cases that has been lately under my own observation, the patient's history was as follows:

Twenty years ago he had a chancre which healed kindly in five or six weeks' treatment, and was at the time supposed to be entirely cured. For the next ten years his health was ordinarily good, then ulcers began to appear upon his face, shoulders and legs; these continued for years with short intervals of relief, when they were apparently cured by a course of mineral baths and old school treatment; again there was a lull of alarming symptoms, until about a year before he applied to me, the patient being still a well-nourished, muscular-looking man, weighing 168 pounds; began to be troubled by impaired vision and occasional severe attacks of diarrhoea, which, though at that time unrecognized symptoms, were unquestionably the primary indications of amyloid renal degeneration.

At the time he consulted me he was suffering from general anasarca and ascites, urine in diurnal quantity about normal, very light straw color, specific gravity 1024, and profuse in albumen, lungs and heart normal, appetite still good, which condition was maintained until the end.

His previous history, together with other diagnostic symptoms made my prognosis decidedly unfavorable. *Apocynum can.* made considerable reduction in the dropsical condition, increasing the amount of urine to three times the normal quantity, and reducing its proportion of albumen, but the fundamental malady had created so much positive change in the kidneys that his condition was impregnable to all therapeutic endeavor; and the disease strode on to a fatal termination, though I feel convinced that the syphilitic cause might have been removed by constitutional treatment in previous years.

Post-mortem revealed extensive destruction of the mucous lining of the whole intestinal tract, heart and lungs normal, liver and spleen considerably enlarged and indurated, both kidneys greatly enlarged, pale and anæmic. The appearance left by the ulcerative processes that had destroyed the mucous membrane lining the intestines gave unmistakable evidence of the primary cause which had induced the amyloid degeneration of both kidneys.

The second case of which I have made mention was associated with phthisis pulmonalis; patient a young man aged 33 years, of hereditary vulnerability; father and two brothers died of consumption; patient suffered from general anæmia, uncertain appetite, kept awake at night by severe attacks of coughing and expectoration of muco-purulent matter; examination revealed cavity of

right apex; râles over whole of right lung; superficial catarrh of left apex; he was emaciated and suffered with excessive oedema of extremities; complained of rheumatic pain from back to feet, which could only be relieved by electricity; urine was excessive in quantity, and a peculiar feature attending it was the variations in the presence of albumen, sometimes present in large quantities, again changing in a few hours to scarcely any perceptible trace. The usual homœopathic remedies were faithfully administered without any appreciable benefit; *apocynum nap.* in doses of ten drops, fluid extract, again gave beautiful results in reducing the dropsical conditions, but in just proportion to the decrease of general anasarca and albumen in urine, symptoms of uræmic poisoning began to manifest themselves, accompanied by retinal complications, which indications are considered so rare among the symptoms of renal amyloid degeneration, that my confidence in my diagnosis was well nigh shaken. Post-mortem, however, revealed unmistakable evidence of amyloid degeneration of both kidneys.

THE MICROSCOPE AND TUMOR DIAGNOSIS.

BY J. G. GILCHRIST, M.D., DETROIT, MICH.

The interest that I have always felt in the study of tumors, particularly with reference to genesis, has led me, perhaps, to write more upon that topic than any other, and perhaps many may think, as far as I am concerned, that the topic is threadbare and trite. At the risk of confirming some in that view, I must ask consideration for a new illustration of an old doctrine, for a practical and obvious purpose. It has been said that the accomplished surgeon will rarely find his diagnosis of a tumor reversed when an appeal is made to the microscope, and the phrase has been pressed into the service of those who seek to belittle microscopic methods as elements in diagnosis. Experience has shown more than once, but notably in a recent instance, that the microscope does more than simply to confirm a diagnosis; it may suggest questions of therapeutics, and certainly will go far towards the construction of a reasonable prognosis. The therapeutic hint is found in the degree of organization present, whereby some conception can be formed of the nutrition of the individual; the prognosis is based upon the certainty which a microscopic study affords as compared with the suspicion which alone is afforded by other methods of examination. More than this, it has now become evident that the surgeon who confines himself to either of the rival methods of classification, viz., clinical or anatomical, is but half equipped. If the latter, he can rarely pronounce positively on the character of a morbid growth until it has been removed, and its histology studied. With both methods well understood, he will rarely be called upon to reproach himself for the removal of a tumor he might better have left alone.

A case came to me lately, in which there was a large, hard, firmly-attached tumor in the left breast, occupying nearly the whole of the gland, and which had gone on to ulceration on the axillary side. The lady had been examined by a celebrated surgeon, as well as many less noted, and had been assured that the growth was scirrhus, an operation decidedly contra-indicated, and that a fatal result was near at hand. Upon careful examination, and attention to the clinical history, my opinion was decidedly opposed to that of my predecessors, and the diagnosis made of a recurrent fibroid (fibro-sarcoma), based upon the following facts. The commencement of the trouble was in an enlargement of the cervical glands, on the left side, and in the axilla, which had frequently occurred before, as the patient was strumous to a degree—and which had frequently proceeded to suppuration. On the present occasion, following this glandular enlargement a tumor formed in the breast, which as it increased seemed to draw into itself the outlying glandular swelling, until at the date of my examination the glandular swellings

had nearly disappeared. The tumor was lobular; it followed the boundaries and divisions of the gland; it was not adherent to the overlying integument; there was no retraction of the nipple, there was not the characteristic pain of scirrhus, and there was no change in the color or pliability of the skin. Furthermore, ulceration had occurred, and yet there was no symptoms of cachexia; the ulcer showed healthy margins; there was no adherence of the skin at that point, even the mass of the tumor seemed to be pushing out bodily, without at that time any disintegration; there was not the slightest evidence of any extension of the morbid action to near parts; on the contrary antecedent glandular enlargements were gradually disappearing. The bodily condition was good, as has been intimated, and none who were familiar, it would seem, with morbid growths, could make a mistake in the diagnosis. Still good observers had formed an opinion different from mine, and even my friend and colleague Dr. McGuire, whose opinions are rarely formed on imperfect observation, could with difficulty be brought to my view of the case.

Without detailing the steps in the treatment instituted with a hope to localize the morbid action, suffice it that the time seemed to have arrived when enucleation was demanded. The breast was amputated, (assisted by Drs. McGuire and McLaren), and sections of the tumor at once submitted to the microscope. Dr. L. Younghusband, of this city, who is notably expert in microscopic manipulation, and whose mountings are widely known and admired, has made a number of mounts of what is said to be the most perfect and typical specimen of a fibro-sarcoma imaginable. This is mentioned for the purpose of emphasizing the statement in an earlier paragraph, that both clinical and anatomical methods must be used to ensure accuracy in diagnosis. Secondly, it is written for the purpose of asking of those who have tumor preparations which they wish to exchange, to correspond with Dr. Y., who will be glad to furnish slides to all who desire. The methods of mounting and staining, which the Doctor employs make the specimens of unusual value, and the extreme rarity of perfect specimens of the fibroid group will at once commend these mounts to surgeons and microscopists.

NOTE.—Since this was put into type, the patient died from an attack of pneumonia, induced by taking a severe cold, six weeks after the operation. J. G. G.

A CALL FOR EXCHANGE OF TUMOR-TISSUE OR MICROSCOPICAL SLIDES OF SUCH.

By DR. L. YOUNGHUSBAND, DETROIT, MICH.

Dr. Gilchrist, of Detroit, who is making great researches in every department of surgery, and particularly in tumors, has on different occasions handed me specimens of such for preparation and microscopical examination. He lately operated on a case, pronounced by one of the best surgeons in this country, to be scirrhus. Prior to the operation, Prof. Gilchrist was positive that the tumor was a recurrent fibroid (fibro-sarcoma), and not carcinomatous. A specimen was given me for my microscopical examination and decision.

I mounted sections in various ways—using different methods of staining the tissue. The microscopical diagnosis agrees in every particular with Prof. Gilchrist's clinical one. The Professor will give me more of the tumor, out of which I intend to make many mounts for exchange. The study of tumors, I find to be a fruitful field for diligent investigation, uniting, as it does, these several branches of science, microscopy, histology and pathology, into one.

Typical slides or mounts of tumors, as far as my own experience goes, are not common—at least reliable and well mounted ones seem not to be. All kinds of material are put up as such by parties ignorant of the whole subject. These are for sale by the dealers. They are

to be avoided, as most of them, which I have examined, are wholly unreliable.

A set of such typical slides are invaluable to the investigator of tumors. I am getting up such. They can be depended on for their reliability, for I will not label them until they have been examined and diagnosed by Prof. G. All such are of course for exchange with my brethren engaged in similar pursuits. The ones I have are taken from the recurring fibroid mentioned in Prof. Gilchrist's article of this number. They are stained by a method that, under a good $\frac{1}{4}$ -inch objective, shows beautifully the spindle cells of the sarcoma—their nuclei, nucleoli, and fibroid stroma.

It is the first time I have ever called for microscopical exchanges through a medical journal—such are generally made in some of our excellent microscopic monthlies. In this way I have had wonderful success in getting specimens in my own biological and botanical researches from skilled workers all over the country; but in histological and pathological investigations, I have not been so favored. Of course it is supposed that there is not the same interest attached to the latter as to the former two branches.

That the investigations into biological facts are intensely interesting, I know, and am ready to admit that in some respects they surpass all other subjects in mental stimuli. All of your readers that have studied the Amoeba will readily understand what I mean. These small creatures without locomotive organs move about on the slide rapidly, and in a great number of directions. They eat without a mouth—digest their food without organs of digestion—perform the complete acts of respiration, secretion and generation without any organs for the performance of such functions. They manifest great sensibility, and exercise will power and intelligence without a brain or nervous system.

Similar wonderful things, and even more so, are seen in those tiny microscopic creatures—the hydra. When you cut one of them into five or ten pieces—each piece continues to live, and in time develops into a complete hydra. If you cut off the head of one, and engraft it on another, it will live on with the two heads, and use them as successfully as it did one. Many of your medical readers are familiar with these and more wonderful things, that could be told out of the biological field—stories which out-do the Arabian Nights' Entertainment in the marvellous. While pathologico-histological studies do not have the same wonderful excitement to give the investigator, they are teeming full of the practical; and he who assiduously labors in them will be more than repaid for his efforts.

The genesis of tumors, to which Prof. Gilchrist is giving so much study, is of paramount importance. I hope some of your readers will join hands with me in this good work. A set of typical tumor-slides in a doctor's office will be a valuable acquisition.

TREATMENT OF DIPHTHERIA WITH ICE.—M. de Bleyne affirms that the results he has obtained from this treatment during the past sixteen years permit him to affirm that "diphtheria treated with ice is constantly cured." The following mode of administration is recommended: 1st. Introduce into the mouth of the little patient a small fragment of ice every ten minutes, without any interruption, whether the child is awake or sleeping. Young sleeping children absorb the ice without awakening. The fragment of ice should be swallowed when it is almost melted. 2d. Do not cease giving ice until the false membranes have entirely disappeared; this happens from the second to the eighth day. 3d. Keep good watch over the throat, and if the membranes reappear, recommence the treatment, and in fact for some days it will be better to continue giving ice every half hour, lengthening the intervals each day. 4th. From the beginning give wine and good nourishing food.

THE PROOF OF THE HOMŒOPATHIC LAW.*

BY GEO. C. F. WILLIAMS, M. D.

The principle upon which the homœopathic school of practice is founded, and which was promulgated by Hahnemann nearly 100 years ago, stands to-day unproved as a LAW. That this new system of therapeutics has revolutionized the treatment of disease; that it has compelled the followers of traditional medicine to use smaller doses and more agreeable mixtures; that it has introduced new drugs and a new method of studying drugs; and that it has been, at least indirectly, of inestimable benefit to the human race, are facts which cannot be denied; but that *similia similibus curantur* is a LAW which will guide the physician, in every case, to that remedy which will cure his patient in the speediest, safest, and pleasantest manner, remains to be demonstrated. This is an indisputable fact.

The avowed law of homœopathic practice, then, is still on trial before the laity and before the profession. The verdict of the laity on this question is totally destitute of scientific value, for they possess no accurate knowledge of medicine or disease, and these are the only elements included in the subject. The average patient is unqualified to judge of the efficacy of the system even in his own disease, for he knows not the natural duration of the malady and he has no positive knowledge that he has been treated by a strictly homœopathic method. Then, although homœopathy has many ardent defenders among the people, we are compelled to admit that their opinions are of no value, except to themselves and their attending physicians, and that their verdict, so far as its weight is concerned in establishing the truth of the homœopathic law, must be thrown out of the case altogether. There remain, therefore, as competent judges of the question, only the members of the medical fraternity, including intelligent and educated men from all schools of practice. How many of these men are convinced that there is a *universal therapeutic law*, and that in the homœopathic method of applying medicines to the treatment of disease rests this law? Certainly very few, and these exist only in the homœopathic ranks; for it is unreasonable to suppose that men who have followed traditional medical practice all their lives can be convinced that *similia similibus curantur* is a law; and the supposition that men who have once practiced homœopathy and are now in the old school ranks, believe that their former practice was better than is their present, is too uncharitable a view to be for a moment entertained.

We are to look to the homœopathic school, then, for those physicians who are *reasonably* convinced of the universal value of the homœopathic principle of medication.

In this school exists three classes of believers:

1st. Those who believe that homœopathy furnishes the key to the cure of most of the ailments to which our race is heir, but who think there are some diseased conditions with which the system is incompetent to cope.

2d. Those who believe that the homœopathic principle of treatment is capable of unlimited use, but often in their own practice use "massive" doses of crude drugs without regard to their method of action, and strive to lessen the odium of their falsity to conviction by the plea of ignorance of the *materia medica*; and

3d. Those who believe that *similia similibus curantur* is a LAW, and follow it honestly, completely, and accurately.

The first class do not believe in the LAW. The second do not practice in accordance with the LAW, and, therefore, have no positive knowledge of their own that there is such a thing, and their belief is consequently a matter of faith and not of conviction.

There remains, then, only the third class, the pure

homœopaths who are *reasonably* convinced that *similia similibus curantur* is a LAW. How small a proportion of the homœopathic school do these men constitute! And if a small portion of the homœopathic school, how infinitesimal a part of the profession at large!

We have, then, a very small part of our *jury* (the medical profession) who believe that the guiding principle of homœopathic practice is a LAW, a large part who half believe it, and the vast majority who totally repudiate such an idea.

But we must prove that this principle is a LAW or renounce all claims to existence as a separate school of medicine. If it is a LAW it is capable of universal application, for, while "a rule may have exceptions, a law can have none."

Now, if we concede that this principle has exceptions, and that it is simply a rule for practice in an indefinite proportion of cases or in certain classes of disease, the immense advantage of applying medicines to the treatment of the sick according to a fixed and immutable LAW is lost to us, and we drift back to a point but little in advance of that occupied by the followers of traditional medicine. We become simply experimentalists, possessing a few nice therapeutical measures acquired by the deluded followers of a hollow dogma.

The champions of homœopathy often boast of the rapidity with which the system has advanced in the esteem of the laity and of the profession; but is it not astonishing that, existing in a century crowded with brilliant scientific discoveries and giving every encouragement to the development of humane measures, this proposition, capable of such practical and certain proof, has not gained the adherence of nearly the whole civilized world?

Many will not admit this possibility, but will concede that homœopathy is far from the goal which it should have reached. Many, too, will attribute its slow growth to the bigotry of old school physicians. But we know that that school contains men willing to be convinced of the truth of any improvement in medical practice, that it contains more brilliant minds in proportion to numbers than our own school, and that many of these able and honest men have looked to homœopaths for proof that their practice is based upon an efficient law, and have looked in vain.

Is this the fault of our system or the fault of its supporters? There are good reasons for attributing the blame to the latter, and we hope it rests entirely with them. There has certainly been a deficiency in the quantity and quality of work done by homœopaths, and they have been too negligent about putting upon record the evidence which they have possessed. This has reflected upon the school and has been productive of much injury. The majority of homœopathic practitioners, who have long been in the work, are not convinced that there is a therapeutic law, and those of the old school, who are drawn by the successes of homœopaths to join their ranks, doubt that the system is based upon an immutable law, and do not become *pure* homœopaths.

Another result of this want of tangible evidence is that the vast majority of graduates from homœopathic colleges, when they find themselves on the threshold of actual practice, with all its work and responsibilities, with all its trials and trusts, hesitate and ponder whether or not their choice is right and then advance with slow and hesitating steps, each having it before him to prove for himself that the law of similars is true. This is a herculean task for one man, and thus they become half-hearted homœopaths. With such supporters the LAW is likely first to be disputed and next renounced. We cannot deny that there is a powerful tendency in this direction at the present day. While this is a fact, it is said truly by a journal of the old school: "We are drifting together."

We are thus brought face to face with the facts that

* Read before the Conn. Homœopathic Medical Society.

homœopathy has progressed *too slowly*, that we are without firm proof of the truth of the LAW, *similia similibus curantur*, enunciated nearly 100 years ago, without that incontrovertible evidence that carries conviction into the mind of every thinking being and can be boldly spread before the calm, clear eye of reason, that we have broken from our moorings and are slowly, but surely, gliding with the current which retards progress. Yes, "we are drifting together."

How is all this to be changed?

Surely, only by placing upon record that proof which we lack and which we so much need.

In what must this proof consist and how is it to be obtained? I give my solution of the problem:

The proof of a question like the one before us, *i. e.*, a question involving the application of subtly acting substances to the treatment of diseases occurring in beings endowed with a vital principle and inherent recuperatory tendency, must be partly of a scientific and partly of a statistical nature. Scientific, because the study of the chemical properties, and the physiological and pathological action of drugs in individuals is of this nature. Statistical, because in studying the effects of remedies upon the human system it must be made clear what proportion of certain results is actually due to the remedies used and what to accidental circumstances and natural causes. This can only be done by analyzing a large number of cases,—that is, by studying statistics.

It should be the work of one class of investigators to study the effect of drugs upon the healthy, and interpret their physiological action in a scientific manner, and of another to record the effects upon the sick of remedies homœopathically applied.

The first class have not only to look for facts, but must reason upon these facts. Reasoning must, therefore, be interwoven with their scientific discoveries to make them *proof*. They have also to produce statistical evidence to show that observed results are absolutely produced by the drugs studied. The second class have only to follow the discoveries of the first and record the results of their own practice.

That these observations are not made through ignorance of work previously done by homœopathic investigators, I will, at this point, attempt to show.

We are challenged on every hand by old school physicians and their journals to produce statistics of the usefulness of the homœopathic system of practice, and must admit that with the exception of statistics of the treatment of cholera, yellow fever, and a few other diseases, we are destitute of the material and that the statistics in our possession need elaborating and analyzing.

When we attempt to collect statistics we find that the majority of the members of our school use drugs without regard to their method of action, provided that they are thought to be effectual.

We leave out this portion of practice as useless for proving the truth of the homœopathic law.

On looking further, we find that many adherents to homœopathy use doses capable of producing physiological effects. Now, as it is true that drugs often produce opposite effects in the healthy, according as they are used, in large or small doses, it must be shown that their remedies are applied homœopathically before the statistics of such physicians can be considered of value.

On looking over our literature for this proof we find that there has been too little scientific study of drugs, from a homœopathic standpoint, to enable us to consider such practice as, in all cases, valuable evidence.

As regards those physicians who deal in the mystic, the unreal, and the imponderable high potency, it will be granted that when they cure disease they must do it homœopathically, and that they have only to produce statistics of their practice. But we know that their practice is based, to a great extent, upon supposed drug symptoms, which never have been and never can be

proved to belong to any external agency acting upon the human economy.

Here our school stands, then, without scientific and statistical proof that its guiding principle of practice is a *universal* LAW, or even an approach to such. Before us lies a work which we must do or the homœopathic school will fall, and *similia similibus curantur* will be remembered only by the good which it has indirectly accomplished.

The study of drugs, which constitutes the first part of the evidence, requires careful, intelligent work and the expenditure of much time. This will, naturally, be attended to by only a few physicians.

Statistics of practice, the second portion of the evidence, may be produced by all practitioners. Such statistics to be of value must be produced in an overwhelming quantity. Their accumulation needs the help of every man in the profession and physicians should throw themselves into the work with a will. Each man should record the results of his practice carefully, intelligently, and honestly, and then when he has given his last globule and has been transported to that clime where diseases cease from troubling and 200th's are at rest, he will have left behind him a record vastly better than the simple reputation of having had a good practice, a record that will make the practice of his followers better, and insure their meeting a smaller per centage of their patrons when they cross that bourne beyond which medicines are never needed.

All medical societies, State, county, and municipal, should constitute themselves bureaus for the collection of these statistics. This is practicable if physicians will *work*, if they will be honest, and if they are willing to brave criticism. And surely they should be willing to do all these things when the welfare of the human race is at stake.

The statistics produced by separate practitioners will be of value, but of still greater value are the statistics of large hospitals, especially where the records of such institutions under homœopathic management can be compared with those of institutions under old school management, and where both are treating patients of the same character and with the same environing conditions. Such an instance exists in the charity hospitals of New York city, under the control of the Commissioners of Public Charities and Corrections, *viz.*: Bellevue, Charity, and the Homœopathic hospitals. The patients in these hospitals are all charity patients, are all drawn from the same class, the paupers of New York, all receive the same quality of food, and all are attended by equally efficient physicians and nurses. Annual reports of these hospitals are published, stating the number of patients treated, the number of deaths, and the causes of death.

These statistics are important and could be made of much greater value if the reports were more complete. One thing we may certainly learn from them, and that is, that we must produce more evidence before we can hope to convince the world of the transcendent advantage of the homœopathic system of treating disease. In this article I have not assailed homœopathy, but have merely attempted to show that we lack proof capable of convincing ourselves and others that *similia similibus curantur* is an unailing LAW for our guidance in the selection of that remedy which shall best cure our patient. While such is the case, we are blindly following a dogma and cannot claim to be a scientific body of men. There is only one thing which can deter us from putting the results of our practice upon record, and that is a fear of discovering a weakness in our system.

But we must remember that the lives and comfort of our race are at stake.

Then, braving the issue, let us boldly face the question, and strive to lay before the world such complete and irresistible evidence of the truth of our LAW as shall convince the whole profession of its verity or forever brand our opponents as slaves to prejudice.

ON SEASICKNESS.

James Reginald Stocker, M.B., M.R.C.P., medical officer in the service of the Cunard line of steamships, contributes to the February number of the *New York Medical Journal and Obstetrical Review* an article in which, after deprecating the tendency to resort to special drugs in a routine manner in the treatment of seasickness, he suggests the following theory of the mode in which the affection is produced: "The pneumogastric nerve sympathizes with the senses and the intellect, and plays an active part in that expression of disgust which results in vomiting. Stimulation of the nerve, in moderation, favors digestion and the various other processes of organic life; in excess it irritates them. It directly occasions nausea, dyspepsia, flatulence, vomiting, etc.; and, indirectly, all the other sad effects of seasickness. The nervous centres, excited by the sensory impressions, become at last so irritable that the introduction of anything into the stomach is resented, and vomiting occurs; until sooner or later the nervous system is dominated by that potent influence for good or evil, the force of habit, and the body finally becomes accustomed to the new sensation. He thinks that the fifth sense, commonly called the 'sense of touch,' or 'common sensation,' is a compound sense. By its means we are able to recognize not only touch and its varieties, but also distance, form, size, weight, consistence, relation, and time, and sometimes even color and sound. The study of seasickness teaches us that there is in us a sense which, without some such experience, we might perhaps be slow to recognize—the sense of passive motion. It may not indeed be so exalted a sense as others, nor so important, but it is certainly one which in seasickness deserves consideration. And after all it has its pleasant as well as its painful side when used in moderation; it is the placid sensation that often lulls the child to sleep; it is that of the rocking-horse, the rocking-chair, horse exercise, vehicular motion of all kinds, passive movement of the body in all its forms and phases, only unpleasant, only disagreeable, when used inopportunately or in excess. Conditions which some other observers refer to the falling weight of the viscera, the author is inclined to attribute to a cause a little more remote, but produced partly by that agency. He believes that the feeling of nausea, etc., which ensues upon the falling of the vessel is the same as that due to the backward movement of the swing, or of any vehicle, the downward movement of an elevator, vertical or oblique, as well as in the dance, etc.; and is brought about by the formation of a partial vacuum of the lung. To this cause he also attributes the condition known as *mal des montagnes*. We have in seasickness conditions almost precisely similar to those of the latter affection, with regard to the effect as well as to the cause: a partial vacuum—produced, not indeed by the rarefaction of the atmosphere itself, but by the subsidence of the abdominal viscera when the vessel falls, and therefore felt more in the upright than in the horizontal position—and the continued movement of the body. The first, *i. e.*, the want of air, is the cause more particularly of that feeling of 'goneness' we so often hear complained of. The author has been in the habit of recommending patients to take a deep breath whenever they felt that sinking at the pit of the stomach, having found it by experience to be an effectual, though not infallible, means of allaying the sensation, and to this he would refer the good effect of singing or of any rhythmic movements that may tend to relieve the mind or to regulate the breathing, as well as the advantage sometimes derived from weight or pressure applied to the stomach by elastic and other belts or bandages. The second, *i. e.*, the movement, is the cause more especially of the irritable condition of the nervous system. The secret of the one is its direct effect upon the pulmonic branches of the pneumogastric nerve, probably the result of a partial paralysis. We know that division of the pneumogastric causes vomiting; the nerve is said to

exert an inhibitory effect upon the heart; it has the same effect upon the stomach. It may, however, be due to stimulation of the pneumogastric, for the diminished resistance of the air, according to Liebig, leads to more active elastic contraction of the lung. The secret of the other is its indirect effect upon the same nerve, through the media of the nerves of feeling or common sensation, sometimes indeed through the agency of other senses, as, *e. g.*, by the sight of undulating movements, and by other unpleasant sensations. In each case, practically, the cause is of an eccentric or peripheral character. Similar views, the author remarks, were expressed some fifty years ago, by Herbert Mayo.

"The use of the bromides is increasing daily, and he cannot but condemn the practice of using them so indiscriminately and in such large quantities as has lately been recommended. But while there is no specific remedy or panacea for the disorder, many of the conditions may be relieved by medicine. Seasickness, after all, is but a form of passive indigestion, the result of a functional neurosis in which the pneumogastric nerve is either excited or depressed. Like many other functional disorders, if anything is to be done at all for it in the way of medicine, it requires to be treated. One is sometimes surprised at the complete failure in some cases of a remedy which in others has proved of great service; and, conversely, one is sometimes charmed with the effect of a remedy on some which has failed completely with others. With regard, for instance, to the use of alkalies, stomachic sedatives, one seems sometimes to hit upon by chance, to distinguish intuitively, or rather, perhaps, to learn by experience, what particular drug to use in each individual case. The same may be said with regard to aperients, etc. Thus are to be explained the differences and agreements in the opinions of writers. One cure, indeed, there is, *viz.*: custom or habit. In the course of time it almost invariably asserts itself, and "use becomes a second nature." The sooner one can accustom or habituate one's self to the altered condition of things, the sooner will one become a good sailor. The best means of doing so is to forget it, to banish it from one's memory by the substitution of gymnastic and other exercises, and by learning the art of balancing one's self. The more one is able to forget one's self, the more one's attention can be distracted from one's own condition and diverted to other things and other people, the less will one feel the disagreeable sensations. What people want on board ship is resolution, and, when the will is not sufficient and moral means have failed, the most effectual, though not by any means the most practicable, is to have recourse to force."

Dr. Milan Soule, Surgeon on the S. S. City of Sidney, has written an account of his experience with the *Bromide* treatment for seasickness, as laid down by Dr. G. M. Beard. He says: "I began to use the *Bromides* with a good deal of doubt and hesitation. Greatly to my surprise and gratification, however, I found that I was able to prevent or greatly to alleviate the disease, and have not one single failure to record. The following is the combination I most frequently employed, *viz.*:

B—Sodii Bromidi - - - 3 iv.
Ammonii Bromidi - - - 3 ij.
Aque Menth. Pip. - - - 3 ij.

"M. S.—A teaspoonful before meals and at bedtime; begin treatment three days before going on board.

"When preparatory treatment had been neglected and the disease fully established, I put a teaspoonful of the above in a half-tumbler of water, add a drop of *ext. Ipecac. fluid*, and give a teaspoonful every five minutes; it generally relieves the patient in less than an hour.

"I have notes of several cases where the *Bromides* entirely prevented seasickness during voyages of twenty to thirty days, although these patients were always sick on previous voyages."

[We have been much interested in the perusal of Dr. Stocker's elaborate and common-sense paper, particularly

as it looks more to the individualization of such cases, than any we have before seen on the subject from such a source. The writer many years since accidentally hit upon the respiratory plan of relief as suggested in this article, with the modification that inspiration was practised on the downward motion of the vessel and expiration on the upward, graduating the respiratory movements to meet those of the vessel, simultaneously.

The effect of this procedure is two-fold viz.: 1st, to prevent the tendency to a vacuum in the lungs; and 2d, the production of partial anaesthesia by the process of rapid breathing. We believe that the latter will become an important means in the treatment of this, the *bête noir* of travel by water.—Eds.]

CLINIQUE.

EFFECTS OF DUBOISIN AND ESERIN.

By J. L. MOFFAT, M.D., O. ET A. CH., BROOKLYN, N. Y.

J. J. McD., *et.* 49, with a rheumatic history, has just recovered from an attack of iritis plastica, which left extensive posterior synechia in the right eye. In order to break them up, I instilled (April 6) two drops of a one per cent. solution of *duboisin sulfate*. Twenty minutes later his mouth and throat felt dry, as though he would be thirsty.

April 8, 2.23 P. M.—Instilled two drops *eserin*, one per cent. solution, and as much more 9 minutes later. In about 15 minutes a sensation of squeezing together in the ball, and a feeling as though the lids were drawn. In about 15 minutes from the first instillation, the pupil, from being irregular in shape, averaging about 3.5 mm. in diameter, had contracted to a circle 2 mm. across.

At 3.07 P. M., and at 3.53, two drops of *dubois* were instilled. About 10 or 15 minutes later, he was going home from the Dispensary, and upon turning to the right suddenly fell to the left, overcome by intense confusion, vertigo and weakness.

On proceeding, he found that he staggered as if drunk, and had to concentrate his energy and look directly ahead, for upon looking to one side there was a disposition to fall towards the opposite side. Going down stairs, or curbstones, was difficult; every step jolting his back as if he had (to use his own expression) "stepped down from the top of a house."

He was deathly pale; felt exhausted, as from want of sleep, and experienced great confusion, with a sense of lightness throughout the body and head.

The tongue felt "flat," and he could not articulate distinctly (paralysis?). The next day he awoke with a very severe pressive pain in the lumbar region on each side, which gradually disappeared as he moved about.

April 10.—He felt cold and chilly; wanted to wear extra clothing, which made him feel comfortable. In the afternoon Dr. Searle instilled more *dubois*, and a few moments later he felt very drowsy; the symptoms of confusion, lightness, drowsiness, thirst, and weakness were again experienced, but relieved by a cup of strong coffee.

April 11.—Tension slightly less than before; still not minus.

2.30 P. M.—Instilled one drop of *eserin*. In five minutes, mouth dry, slight vertigo. Six minutes later, a drawing, fluttering sensation in the ball, and spasmodic twitching of the m. orbicularis palpi.

I should add that the *dubois* also caused a soreness in the right side of the nose; as if the drug irritated the mucous membrane as the tears escaped through the lachrymal duct.

SUMMARY.

Duboisin caused: Mydriasis; dryness of the mouth and throat; thirst; vertigo, falling to the side opposite to that whither he turned his eyes; lightness of the body and head; intense confusion; weakness; exhaustion;

staggering; sensitiveness of the spine to the jar of descending steps; deathly paleness of the face; paralysis of the tongue (?); pressive pain in both lumbar regions; coldness (subjective); drowsiness.

Eserin caused: Irritation of the mucous membrane; eyelids felt drawn; squeezing and fluttering in the eye ball; myosis; mouth dry; vertigo; twitching of the orbicularis muscles.

HAHNEMANN HOSPITAL, NEW YORK.

EXTRACTS FROM CASE BOOK.

By WM. BRYAN, M.D., RESIDENT SURGEON.

URINARY CALCULUS AND RENAL ABSCESS.

No. 1.—A. N., *et.* 5, Italian. No family history. Three years ago mother noticed that the child suffered when urinating, making frequent ineffectual attempts to evacuate bladder. For two years has not passed 3 li. at any one time. Will roll on floor, scream, much bearing down, pulling penis, but never emptying bladder satisfactorily. Has noticed blood in urine, nothing more. When admitted, had not passed urine in 24 hours. Catheter introduced, no urine drawn, only a few drops of blood and pus. A tumor size of cocoa-nut can be seen and felt in hypogastric region, apparently a distended bladder. Twelve hours after admission, needle of aspirator introduced above pubes, but no urine withdrawn. There was reason to suspect stone; as patient was then in a collapsed condition, and immediate relief necessary, *ether* was administered and a supra pubic incision made by Dr. Helmuth; finger introduced and bladder explored. A calculus was detected imbedded at neck of bladder and removed with difficulty. Wound left open, patient put to bed, warmth applied to extremities and stimulants given. Operation did not take five minutes in all. He died one hour after. Post-mortem: Bladder empty, walls thickened, contracted, capacity about 3 l., no urine. A large abscess was found extending from and involving lower part of right kidney, bounded internally by spinal column, externally by ascending colon, holding about 3 vi. pus. Kidney disorganized, small collections of pus seen all through substance of right and left kidney. Calculus was size of hickory nut, mulberry form, occupied a sac formed by neck of bladder and upper lobe of prostate gland.

URETHRAL STRICTURE WITH FISTULÆ.

No. 2.—T. S., *et.* 40, N. S. Salesman by occupation. Contracted gonorrhœa 18 years ago. Has been treated for gleet and strictures at different intervals ever since. Urethra will admit sound No. 8, English measure. An olive-pointed bougie introduced conveyed to the hand the sensation experienced from passing an instrument over a corduroy surface. An indurated mass could be felt all along raphe of scrotum extending from root of penis to perineum, and externally two fistulæ presented, from which ichorus pus oozed, and urine occasionally dribbled. Divulsion first performed and internal urethrotomy one week after by Dr. Doughty. Orchitis followed. Second operation was readily controlled, and then the Doctor performed external urethrotomy; membranous portion freely incised. No. 20 sound introduced every second or third day after operation, until patient left hospital, two weeks after, taking with him a No. 20 instrument, which could be introduced without difficulty.

INTERSTITIAL PNEUMONIA.

No. 3.—Wm. H., *et.* 23, unmarried, cigar packer by trade. No hereditary taint. Had always enjoyed good health until present illness. Three months before admission was obliged to discontinue work on account of failing strength. Complained of languor, chilly sensations, and restless. Had not been exposed to inclement

weather, and knew of no exciting cause. One week after leaving work began to cough, had sharp pain in right chest, expectorated stringy mucus, slight fever, no chill. Was treated for pleurisy, and an unfavorable prognosis had been given by his attendant. He entered the hospital in a despondent state of mind. On examination, body found to be emaciated, tall, thin, spare figure, sallow complexion, anæmic. Night sweats. Right chest wall retracted, no bulging of intercostal spaces, not much expansive movement. Vocal fremitus increased, dull sound on percussion. Respiratory sound very feeble, and entirely absent over some portions of lower lobe, a few mucus râles heard. Over left lung respiratory sound intensified. Heart drawn over to right side. Expectoration slight light colored, no blood. Pulse ranged from 90 to 110, temperature from 99 in morning to 101 in evening. Dr. Dowling diagnosed interstitial pneumonia and gave a favorable prognosis. He was advised to give up his trade, as that, very probably, had had much to do with his illness, and seek employment where he would have more out-door exercise. A liberal diet was ordered and internally *aconite*, *bryonia phos.* and *sulph.* were given as indicated. He rapidly improved under this course of treatment, and when discharged had gained flesh and strength, ate and slept well, no sweats, cough, or fever; some respiratory sounds heard in right lung.

TRAUMATIC EPILEPSY.

No. 4.—J. C., æt. 18. No family history of importance. When nine years old he fell and sustained an injury to scalp, at the time considered slight, readily healed, and no further attention paid to it. Months after the cicatrix became tender, he complained of headache, inability to concentrate his thoughts or perform any mental labor. Six years after injury he noticed slight muscular twitching of flexor muscles in right arm, at irregular intervals, for about one year, then he had his first epileptic convulsion. The attacks at first were at long intervals and not very severe, but lately are increasing in frequency and severity. Various methods of treatment had been tried without avail. He was admitted to the hospital, and Dr. Minor trephined over old cicatrix, near anterior superior angle of right parietal bone. He made a rapid recovery from the operation, left the hospital, and has reported several times since. Does not have convulsions now and is considered cured.

PROCIDENTIA UTERI WITH COMPLICATIONS.

No. 5.—Mrs. E. T., æt. 48. Mother of four children, the last born four years before admission. She had always been a healthy woman, a hard worker, having spent much of her time on a farm. Nothing unusual with any of her labors. Was in the habit of getting up and attending to her duties within a couple of days of delivery. One year ago uterus became completely prolapsed, so that it was entirely without the vulva. She had put on a T bandage for support, and gone about as usual. When admitted, the uterus was twice its ordinary size, and hung down between thighs without giving rise to any annoyance. Probe passed in four inches. Mucous membrane covering uterus, and the prolapsed vaginal portion had become dry and thick, like ordinary integument. Cervix lacerated in three directions, and required much local treatment to get it in a fit condition for operation. Dr. McDonald operated on it, after which the body of the uterus diminished very much in size, so that it was possible to retain it within the pelvis. Afterward an operation was done on perineum, so that it would afford the necessary support, and a pessary was then fitted which sustained the uterus in position.

OVARIOTOMY WITH RECOVERY.

No. 6.—Mrs. B. C., æt. 26. Carcinoma hereditary. Always enjoyed excellent health until 19 years old. Then had an abscess in neighborhood of right inguinal

region, discharged through vagina. Had another three years after, discharged through rectum. One year after had peritonitis, followed by diarrhoea, which lasted five months. One year ago her abdomen began to enlarge, health failed. Last November drew off 16 pints of fluid with aspirator. Operation repeated in January, then 24 pints withdrawn. When admitted, measured 44 inches at umbilicus. Dr. Helmuth performed ovariectomy. Three gallons of fluid found free in abdominal cavity. Cyst on right side had ruptured and undergone papillary degeneration. Left ovary also diseased. Both removed. Great omentum covered with small cysts, varying in size from pin's head to pea, filled with light colored fluid. Considerable hemorrhage. Drainage tube put in, wound closed. She made an uninterrupted recovery, no symptoms of peritonitis. Wound united readily, except at lower angle, where drainage tube had been. A sinus remained there for seven weeks; at the end of that time the ligature that had secured the pedicle, and which had been cut off short, was discharged entire, and sinus healed without further trouble.

ALBANY CITY HOMŒOPATHIC HOSPITAL AND DISPENSARY.

By J. J. PECKHAM, M.D., RESIDENT PHYSICIAN.

In the hospital one hundred and four cases were treated during the year 1881, and in the dispensary 1,403 prescriptions, with 575 minor surgical cases.

REPORT OF SURGICAL CASES.

The surgical department of the hospital is under the care of Drs. Swinburne and Balch.

The following are among the more important.

Fracture of the Left Femur.—The patient, a woman, 58 years of age; injury caused by a fall from a step ladder; the left femur was broken at its lower third. Treatment by extension, ten pounds being applied; hot water dressings were continually applied at the point of injury. Patient discharged cured at the end of three months; no shortening of the limb.

Fracture of the Right Femur, the Left Fibula, and the Horizontal Ramus of the Left Pubis.—The patient, a male, 23 years of age, a brakeman on a railroad, injured by being crushed between cars and a pile of pig iron. Patient died from peritonitis on the third day after the injury.

Amputation of the Left Leg.—The patient, a male, 19 years of age, brakeman on a railroad, injured by a car wheel passing over the ankle, crushing the bones and soft parts. The leg was amputated at the lower third, by Dr. Balch. Hot water dressings were applied to the stump, which was also cleansed twice daily with a solution of *nitric acid*, ten drops to the ounce of water. The patient left the hospital cured, at the expiration of nine weeks.

Vesico-vaginal Fistula.—The patient was 45 years of age, married. The fistula followed her last confinement, which occurred eighteen months previously; it was located at the base of the bladder, and was about an inch in length, through which opening a portion of the organ protruded. The operation was performed by Drs. Swinburne and Balch. Nine sutures were required to bring the edges of the fistula together. The after treatment consisted of injections, twice daily, into the bladder and vagina, of hot water acidulated with *nitric acid* in the proportion of ten drops to the ounce. Nourishing food was freely given. The patient left the hospital at the end of four weeks, the operation having been so far successful as to prevent the prolapsus of the bladder. A second operation will be required in order to effect a complete cure.

Amputation of the Left Leg.—The patient a male, 58 years of age, a laborer on the railroad, was injured by a car wheel passing over the ankle crushing the bones and

soft parts. The operation was performed by Dr. Swinburne. The great loss of blood following the injury, the age of the patient, and a contused condition of the leg as far up as the knee, caused extensive sloughing of the upper flap. During this stage the febrile condition was marked, the evening temperature ranging from 102.5 to 104.5. Hygienic and dietetic measure were thoroughly applied. Quinine was administered during the fever; hot water was applied to the stump; the wound was washed once daily with a strong solution of nitric acid. After the sloughing ceased the patient rapidly recovered, and was discharged cured.

Fracture of the Occipital Bone, the Right Scapula, and the Seventh and Eighth Ribs on the Left Side.—The patient, a male, 32 years of age, a painter by occupation, was injured by falling a distance of twenty-five feet. The fractured ribs and scapula were secured by means of strips of adhesive plaster placed around the body and over the shoulder and back on the injured side. The patient was kept as quiet as possible. He was discharged cured at the expiration of eight weeks.

Compound Comminuted Fracture of the Right Tibia and Fibula.—The patient, a male, was injured by the wheel of a loaded coal cart passing over the right leg, fracturing the bones at the middle third. The fracture was treated by simple extension, and the seat of injury was dressed with hot water. Several pieces of bone came away. The fractured fibula rapidly united; the sloughing of the soft parts was extensive, and the union of the fractured ends of the tibia, slow. After twelve weeks the extension was removed, and the leg encased in a plaster-of-Paris bandage, the patient then being able to walk about the ward on crutches. The patient is still under treatment, and rapidly improving.

Fracture of the Right Tibia, with Dislocation of the Ankle Joints of Both Feet.—The patient, a male, 19 years of age, was injured by falling a distance of forty feet, striking upon his feet and fracturing the right tibia at the middle third, also the astragalus of both feet, and dislocation of the tibia and fibula of each leg at their lower ends. Amputation of both feet seemed inevitable; the treatment, however, was directed toward the saving of both limbs. Hot water dressings were applied from the knee down, and the patient kept quiet by means of anodynes. The dislocations were reduced as far as possible, and methods adopted with a view of gradually bringing the feet and ankles into their natural positions. Several abscesses formed in the ankles, which were opened. In twelve weeks after the injury was received, the natural lines and positions of the legs and feet were nearly or quite established, and the natural movements of the joints nearly restored. The patient is still under treatment at the hospital.

Urinary Calculus.—The patient, a male, 24 years of age, had been suffering two years with stone in the bladder. The operation for its removal was performed by Dr. Swinburne. The stone weighed an ounce. The wound healed in ten days, the urine then passing naturally through the urethra. In two weeks after the operation the patient was able to walk about the ward; and in six weeks had entirely recovered. The local treatment consisted in applying hot water to the wound, and washing out the bladder twice daily with hot water into which was put a weak solution of nitric acid.

Fracture of the Right Radius. The patient, a male, 40 years of age, was injured by a kick of a mule, fracturing the right radius at the lower third. Extension and counter-extension were applied by means of a straight posterior splint, secured by adhesive plaster to the arm and hand, both above and below the seat of the fracture. In three weeks the splints were removed, and the patient discharged.

Compound Fracture of the Right Femur and Lacerated Wounds of Both Legs.—The patient, a man, 43 years of age, a brakeman on the railroad, was injured by the wheels of a freight car passing over both legs. The

right femur was fractured at the lower third. A lacerated wound extended from the point of fracture to the knee, also a lacerated wound of the left leg, running obliquely over the knee involving the joint. When admitted he was suffering from shock. Stimulants were administered and the injuries dressed with hot water. The patient died from shock in thirty-one hours after receiving the injury.

Compound Fracture of the Right Radius with Dislocation of the Ulna.—The patient, a boy, 15 years of age, was injured by falling a distance of 25 feet. The right ulna dislocated at the lower end; he also received severe bruises about the face and right shoulder. The dislocation was reduced, and the fracture dressed; extension and counter-extension were applied by means of a straight posterior splint secured to the arm and hand, both above and below the seat of fracture. Hot water dressings were applied to the injured arm and shoulder, and to the face. The patient was discharged cured in four weeks.

Fracture of the Left Radius.—The patient, a woman 58 years of age, was injured by falling upon the sidewalk, the left radius was fractured at the lower third. Extension and counter-extension were applied by means of a straight posterior splint, secured by adhesive plaster to the arm and hand both above and below the seat of fracture. In five weeks the splint was removed and the patient discharged.

Cancer.—The patient, 49 years of age, married, suffering from a cancer involving the right breast. The operation for its removal was performed by Dr. Swinburne. The breast was removed *en masse*, also several small cancerous growths from the right axilla. The wound was partially closed by pins.

Treatment:—Aconite 1st and arnica 1st every hour in alternation. Hot water dressings were applied to the wound. The patient made a rapid recovery, and left the hospital cured, in four weeks.

AN EXCLUSIVE MILK DIET WILL occasionally be accompanied by large accumulations in the rectum of masses of pulsatious and extremely tenacious fecal matter, removable only by mechanical means. Dr. D. W. Niles, of Worcester, Mass., has recorded some observations of this character, and also some experiments on healthy individuals. In all the cases the physical characteristics of the deposit were the same, of bright yellow color, soft, greasy, exceedingly adhesive, not soluble in water and not removable by cathartics or injections. These observations have shown him that this result will likewise occur when lime water has been given with the milk. Dr. Niles calls attention to the fact that when constipation ensues upon a milk diet, in children or adults, the contents of the rectum should be investigated.—*Brooklyn Proceedings.*

BUTTER-FUNGUS.—Dr. Kützing (*Hom. Rundsch.*) has lately discovered a new fungous growth in butter. The fungus presented the appearance of threads, with distinct but delicate twisted fibres. The microscopic examination showed that the fungus-like, brown-colored structure was a new formation. The action of this fungus upon the butter is as follows: The mass of butter becomes porous, in consequence of the extension of the thread-like processes of the fungus, and the entrance of air is thereby facilitated. The oxygen of the air is transformed into ozone, and this produces—by combination with the fat of the butter—a decomposition of the entire mass, so that it becomes sour and rancid. (T. M. S.)

DR. BOISSARIE (*Annales de Gynecol.*) reaffirms the danger, which has lately been doubted, of the prolonged use of *ergotin* by the mouth. Its hypodermic administration he believes less injurious. Three cases of death from gangrene are noted.

THE SIXTEEN COMMANDMENTS OF THE PARIS ACADEMY OF MEDICINE.

The Academy has condensed into the following propositions (Trans. in *New Orleans Med. and Sur. Jour.*) the most important hygienic rules for the care and management of infants:

I. During the first year the only suitable nourishment for an infant is its own mother's milk, or that of a healthy wet nurse. Suckling should be repeated every two hours—less frequently at night.

II. When it is impossible to give breast milk, either from the mother or a suitable nurse, cow's or goat's milk given tepid, reduced at first one-half by the addition of water slightly sweetened, and after a few weeks one-fourth only, is the next best substitute.

III. In giving milk to an infant always use glass or earthenware vessels, not metallic ones, and always observe the most scrupulous cleanliness in their management, rinsing whenever used. Always avoid the use of teats of cloth or sponge so frequently used to appease hunger or quiet crying.

IV. Avoid carefully all those nostrums and compounds so liberally advertised as superior to natural food.

V. Never forget that artificial nourishment, whether by nursing bottle or spoon (without the breast) increases to an alarming degree, the chances of producing sickness and death.

VI. It is always dangerous to give an infant, especially during the first two months of its life, solid food of any kind—such as bread, cakes, meats, vegetables or fruit.

VII. Only after the seventh month, and when the mother's milk is not sufficient to nourish the child, should broths be allowed. After the first year is ended, then it is appropriate to give light broths or paps, made with milk and bread, dried flour, rice, and the farinaceous articles, to prepare for weaning. A child ought not to be weaned until it has cut its first twelve or thirteen teeth, and then only when in perfect health.

VIII. A child should be washed and dressed every morning, before being nursed or fed. In bathing a child temper the water to the weather, carefully cleanse the body, and especially the genital organs which require great cleanliness and care; and the head should be carefully freed from all scabs and crusts which may form. Where the belly-band is used it should be kept on for at least one month.

IX. An infant's clothing should always be so arranged as to leave the limbs freedom of motion, and not to compress any portion of the body.

X. An infant's clothing should be studiously adapted to the weather; avoiding at all times exposure to the injurious effects of sudden changes in temperature without proper covering; but nurseries and sleeping apartments should invariably be well ventilated.

XI. An infant should not be taken into the open air before the fifteenth day after birth, and then only in mild, fair weather.

XII. It is objectionable to have an infant sleep in the same bed either with its mother or nurse.

XIII. No mother should be in too great a hurry to have a child walk; let it crawl and accustom itself to rising on its feet by climbing on articles of furniture, or assisted by the arms of a careful attendant. Great care should be taken in the too early use of baby-wagons, etc.

XIV. No trifling ailments in infants, such as colics, frequent vomiting, diarrhoea, coughs, etc., if persistent, should be neglected—a physician's advice should be at once obtained.

XV. In cases of suspected pregnancy, either of mother or nurse, the child should be weaned at once.

XVI. A child ought to be vaccinated after the fifth month, or earlier should small-pox be prevalent.

M. ROBIN states (*Le Progrès Méd.*) that the presence of indican in urine affords a very valuable diagnostic sign of typhoid fever.

"ANÆSTHETICS MEDICO-LEGALLY CONSIDERED," is the title of an interesting and instructive paper by Dr. J. G. Johnson, read before the Medico-Legal Society of New York, Dec. 7, 1881. The points made, as summed up by the writer, are:

"1. Anæsthetics do stimulate the sexual functions; the anogenital region is the last to give up its sensitiveness. Charges made by females under the influence of an anæsthetic should be received as the testimony of an insane person is. It cannot be rejected; but the *corpus delicti aliunde* rule should be insisted on. Dentists or surgeons who do not protect themselves by having a third person present do not merit much sympathy.

"2. Death from administration of chloroform after a felonious assault, unless the wounding was an inevitably fatal one, reduces the crime of the prisoner from murder to a felonious assault.

"3. The surgeon has no right to use chloroform to detect crime against the will of the criminal.

"4. The army surgeon has the right to use chloroform to detect malingerers.

"5. The medical expert, notwithstanding he is sent by order of court, has no right to administer an anæsthetic against the wish of the plaintiff in a personal damage suit, to detect fraud.

"6. Gross violations of the well known rules of administering anæsthetics, life being lost thereby, will subject the violator to a trial on the charge of manslaughter.

"7. A surgeon allowing an untrained medical student to administer anæsthetics, and life being thereby lost, will subject the surgeon himself to a suit for damages. What he does through his agent he does himself.

"8. The physician who administers an anæsthetic should attend to that part of the work and nothing else. He should have carefully examined the heart and lungs beforehand. He should have the patient in the reclining position, with his clothes loose, so as not to interfere with respiration; should have his rat-tooth forceps, nitrate of amyl, and ammonia, and know their uses, and when to use them and artificial respiration.

"9. In operations on the ano-genital region and the evulsion of the toe nail, complete sensation in these parts should never be allowed, and no operation on these parts at all should be had under an anæsthetic unless by the approval of a full consultation, who have a knowledge of the dangers.

"10. Chloroform cannot be administered to a person who is asleep without waking them, by a person who is not an expert. Experts themselves, with the utmost care, fail more often than they succeed in chloroforming adults in their sleep."

The paper concludes as follows:

"Another question I would have discussed had time permitted, is whether a physician has the right to administer anæsthetics to mitigate death agonies. Take hydrophobia for instance, when death is inevitable; when the paroxysms of pain are frightful; when the danger to the surgeon in the administration in the ordinary way is extreme. Has he any right to alleviate this suffering, when the patient may pass away suddenly from the chloroform? A few years ago a clergyman was convicted of murder in the second degree in England. He was a missionary among the poor in London, and when he found them with cancer and other incurable diseases, and without the means to obtain the necessities for their comfort, at the sick person's request he would administer a dose of morphia sufficient to carry them off, and he was transported for life as a convict for thus relieving incurable suffering. Would the physician who intentionally administered chloroform enough to a hydrophobic patient to cut short his suffering come under the same rule?"

The gastroscope, in the hands of a skilled manipulator, makes possible a thorough examination, by the eye, of the œsophagus and stomach.

ETIOLOGY OF DIPHTHERIA.

In Supplement No. 17, *National Board of Health Bulletin*, Jan. 22, Drs. H. C. Wood and H. F. Formad, present a report of their labors on this subject during last summer, and also of "that portion of the work of 1890 which is logically necessary to the completed whole." The main text is prefaced with a bibliographical introduction containing "an epitome of all that has been hitherto discovered concerning the relations of lower organisms to diphtheria." The remaining chapters in succession treat of "Studies on the Human Subject"—"the Pathology of Diphtheria"—comprising an elaborate discussion of the morphology of micrococci and the methods and objects of "culture"—and "the Nature of Diphtheria."

In regard to the recognition of micrococci, we notice the statement that, although "great difficulty is sometimes encountered in distinguishing bacteria from other organic and inorganic particles," such as "coagulated fibrin," yet if certain distinctive points are observed, "mistakes in recognizing micrococci and other bacteria are entirely out of the question."

In conclusion "the facts which have been established" are summed up as follows:

The micrococci of diphtheria do not differ, so far as observed, from the micrococci of furred tongue, etc., except in their tendency to grow in culture fluids.

The micrococci of furred tongue or ordinary sore throat have a less tendency to grow under culture than have the micrococci of endemic non-malignant diphtheria.

The micrococci of endemic or non-malignant diphtheria have a much less tendency to grow under culture than have the micrococci of malignant diphtheria.

The rapidity of growth of the micrococci is in direct proportion to the malignancy of the case yielding them, and its contagiousness.

On exposure to the air diphtheritic membrane of the most virulent type loses its contagious power, and the micrococci, *pari passu*, lose their power of growing in culture fluids.

Under successive generations of artificial culture the diphtheritic micrococci lose their growth, activity, and also their power of infecting the rabbit.

It has not been experimentally directly proven, but it is a necessary inference from the two facts just stated, that under certain favoring circumstances the sluggish micrococcus puts on growth, activity, and, in all probability, *poisonous properties*.

Every grade of case can be found in man from an ordinary sore throat, through simple pseudo-membranous angina and trachitis, up to malignant diphtheria.

Any inflammation of the trachea of sufficient intensity may cause the formation of a pseudo-membrane.

A case may begin as one of sthenic "pseudo-membranous croup" and end as one of adynamic "diphtheria" with blood poisoning; and in cases of this character not infrequently no exposure to contagion is discoverable, and there is clinically every reason to believe that the blood poison has been developed within the body of the patient. The theory of the disease which we would deduce from these facts is that the micrococcus which directly or indirectly causes the diphtheria, is not a specific organism different from that common to healthy and inflamed throats, but is an active state of that organism; that certain circumstances outside of the human body are capable of throwing this common micrococcus into this condition of active growth and engendering an epidemic of diphtheria. When diphtheria is thus epidemic the micrococci light upon a throat, and if the throat have little resisting power, as in the child, inflame it or increase a catarrh already existing into a violent inflammation, and also rapidly enter the blood and cause systemic poisoning.

On the other hand, a catarrh in a weakly subject may, in the beginning, be simply an inflammation from cold, but the ordinary micrococci in the throat or mouth,

flavored by the special conditions, etc., may gradually change from the dormant to the active state, and by and by act upon the throat, and at last force their way into the system, and a self-generated diphtheria be formed out of a "cold."

It has already been abundantly proven that there is no specific character detectable in the micrococci of diphtheria. The history of wounds infected with diphtheritic poison and of those infected with hospital gangrene lends further countenance to the idea that diphtheria and certain other septic diseases are really different manifestations of the one affection, the difference in symptoms depending rather upon the difference in the location than in a difference of the nature of the septic process.

DIFFERENTIAL DIAGNOSIS OF RÔTHELN.—Dr. J. C. Morgan gives the following in the *U. S. Medical Investigator*:

RÔTHELN.	MEASLES.
Vivid rash.	Dull rash.
Non-crescentic? patches.	Crescentic patches.
Patches small.	Extensive compound patches.
No nasal or bronchial catarrh.	Coryza.
Desquamation; in about 5 days.	Bronchial catarrh.
Sore throat.	Desquamation obscure and tardy.
Strawberry tongue.	No sore throat.
Not much tonsillitis.	No strawberry tongue.
Not much glandular inflammation.	SCARLATINA.
Temperature, scarcely so high, 102° F.	Tonsillitis.
Illness, mild.	Glandular inflammation.
Course, less than a week.	Temperature high.
No scarlatinous contagion.	Illness, severe.
	Course, more than a week.
	Imparts scarlatina by contagion.

Dr. C. M. Jones, in *Boston Med. and Surg. Jour. Dec. 29 1881*, describes a number of cases of this disease, and gives an excellent table in which the clinical history and symptoms of rôtheln and measles are contrasted. He believes that it should be regarded as a specific exanthem:

1. Because of its contagious reproduction of itself.
2. Because it does not afford immunity from any other disease, nor does any other disease afford immunity from it.
3. Because of the peculiarities of the eruption.
4. Because of the peculiarities of the temperature.
5. Because of the absence of desquamation.
6. Because of the absence of sequelæ.

TREATMENT OF ALOPECIA BY HYPODERMICS OF PILOCARPIN (*Revue Méd. Française et Étrangère*).—A most valuable property of pilocarpin consists in its special action on the capillary system. The case of a woman of thirty-three is reported, who was totally bald; even the eyebrows, eyelashes, hairs in the axilla, and those on the pubes having completely disappeared. M. André, having tried various medications, and being unable to account for the alopecia, began with hypodermic injection of one centigramme (about one-eighth grain) of the *muriate of pilocarpin* of the following solution:

B. Pilocarpin chlorohydrat, 20 centigr.
Aque destill., 20 gram. M.

After a few days the quantity was increased to grain one-fourth. The perspiration became so abundant that the woman, after walking a few miles to her home, found her stockings literally drenched. The injections were commenced about the last of March. On the 18th of April a large quantity of hair had made its appearance. On July 17th, after only ten injections, the head was covered with blonde and soft, silky hair one-fourth of an inch long. The pudendal hairs and eyebrows had also appeared.—*Virginia Medical Monthly*.

DR. CURTIS has successfully used a strong decoction of black walnut (*Juglans nigra*) leaves in a recent epidemic of diphtheria. It may be used as a gargle or with a spray apparatus. In the worst cases the strength of the decoction is increased by using the shells of green walnuts.—*Boston Med. and Surg. Journal*.

New York Medical Times.

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WM. B. WOOD, M.D., Business Manager.

NEW YORK, MAY, 1882.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

CONCERNING VITAL STATISTICS.

We believe that the Board of Health of this city is not managed in the interest of the most efficient service, and some of its rules and regulations are liable to work injustice to the public as well as to endanger personal liberty. Instead of using the members of the profession as powerful allies in its objects, they are rather alienated by means of questionable ethics in their treatment. In this way the vital statistics which could otherwise be made quite complete become most imperfect and misleading to the student in this department. Recently a public speaker asserted, on the strength of these statistics, that the deaths in this city were largely in excess of the births, and from this standpoint argued that "Americans" were dying out!

While we have no means of knowing positively the truth of the matter, we have no idea that this statement is absolutely true.

The Board of Health has the means of knowing that a large number of physicians of this city never report any births whatever, and it is fair to presume that many of them could add largely to this list, if memory should serve them and opportunity offer. It is also a matter of record whether the majority of physicians report their cases of contagious diseases. In case of death, on the other hand, for well-known reasons, there is no doubt.

The plan of enforcing "fines" for violation of the rules requiring such reports, has been "tried and found wanting," and some other should be adopted in its place. In some localities a small fee is allowed to physicians for each birth reported, but in a city like this, a system of blanks covering all requirements, to be filled and to be collected monthly by an officer thus authorized, would meet the emergency, and make a practical and unobjectionable service to the desired end.

Such a plan as we propose would also subserve other ends than the one indicated, by bringing the profession in closer contact with the Health Board and would

remove that feeling of estrangement which exists at present in some quarters.

The arbitrary manner in which regulations are enforced, often through ignorant and irresponsible agents, should be guarded in the public interest, by frequent investigations by the Grand Jury, which is the proper body to deal with such matters. As showing how the public may be annoyed and personal rights jeopardized, we will instance a case from actual experience. A child in an unexceptionable locality was attacked with scarlet fever. Almost at the same time a neighbor complained to the Board of Health of an odor apparently emanating from the premises in which the child was sick. An investigation resulted in an order for repairs. When the plumbers appeared to do the work, they were told of the circumstances and not allowed to proceed.

Shortly after this, an officer of the Board of Health appeared upon the scene and demanded permission to examine the sick child. He was told that a physician was in attendance, and that there was no occasion for his interference, but he declined to depart without accomplishing the object of his visit. To avoid trouble he was then allowed to see the child; and thus ended the case for several weeks.

We cannot but feel that the invasion of the sacred province of home—and which may be at that moment the chamber of death—by a stranger bearing an official order, which to sensitive persons is so shocking, is an event which we have a right to prevent as a personal right!

In such cases as the one cited, the authorities have done their duty, when they have obtained the facts by affidavit of the attending physician; and they have no right to demand more, without invading rights which must be protected, even through resort to courts of justice.

AMERICAN INSTITUTE.

We have received an advance copy of General Secretary Burgher's announcement of the forthcoming meeting of the American Institute of Homoeopathy, to be held in Indianapolis, commencing June 18th next.

It states that the expectations of the meeting—as far as can be judged from the titles of papers thus far received—are quite superior to those of any preceding, and appeals to the profession to make it all that the most sanguine can hope for. Dr. O. S. Runnels, chairman of the local committee, has made ample arrangements for all, and invites correspondence from such as expect to be present, in order that none may be disappointed in the treatment they will receive.

Full particulars as to details will be announced by special circular at an early day, by the secretary.

There can be no doubt but that a most hospitable welcome will be accorded in true Western style, and we cannot give up the hope of being able to share in it.

We desire to add our protest against the wasteful use of time in discussing non-essentials and the viands of a most ordinary dinner which Institute custom has exalted into the term *banquet*, greatly to the disgust of all

excepting such as have some gaseous oratory to ventilate! The Institute should have had sufficient experience in the management of its meetings to enable it to arrange the doings of its thirty-fifth session in an economical manner, and in such a way that the greatest good may come from the time consumed. Most of its affairs can best be discussed in committee and the result reported for such action as the Institute may see fit to take.

The presiding officer can aid much in this behalf by promptly referring subjects to their appropriate committees, and, in cases in which his power is questionable, some member should just as promptly move in the direction of a special commission for the same purpose, thereby saving valuable time.

The Institute has abandoned the plan of sectional meetings, and will this year work as of old, by receiving the reports of the various bureaus according to the order arranged by the Executive Committee.

In order to get through the session, it will be necessary to limit the time to each bureau, and in turn the chairmen of these bureaus will be obliged to arrange their work systematically and read papers by abstract only.

The discussion—that part which should prove the most interesting and fruitful of the whole proceedings—is often prevented by the consumption of time in reading long and monotonous papers. Much better work would be done by this body, if the plan arranged and followed by the World's Convention of 1876 were permanently adopted.

This consisted of the reading of papers by abstract, and the discussion by disputants appointed for the purpose, with limitation of time to each, leaving opportunity for general debate. This would give us the best efforts of those who would participate in the meetings.

We trust that President Breyfogle will see that the bureau organizations are not loaded down this year with a lot of superannuated laggards who have some reputation in particular departments but never do any work!

The list of appointments to bureaus is much the same year after year, until the make-up has become quite understood.

It might be better to have an understanding that the name of no member shall appear in the announcements for two successive years in the same bureau, and the appointment should always be confined to a single one. This plan will not preclude the work of members in any department they may choose, and it may stimulate others to do that which they only needed a little pushing to accomplish, and thus add to the number of active workers.

We wish that the Institute might, at this meeting, appoint a committee for the purpose of investigating the organization of our colleges with a view to the recommendation of lessening the number by consolidation, should such a procedure be deemed practicable and for the best interests of the cause at large. Of course the Institute could not act authoritatively, but it could exert an immense moral power in the direction indicated.

The first step in this direction probably should be in extending the term of study and making it compulsory. Then an effort should be made to concentrate the ablest teaching talent, and recognize only such institutions as should come up to a certain standard, to be adopted by the Institute. Of course the professors are going to fight any such movement to the bitter end, because it interferes with *personal* interests, but this should not deter the profession at large from doing that which it considers to be best for the body as a whole!

It is not our object in this suggestion to instigate arbitrary or unjust legislation, or to set on foot a revolution which shall be internecine in its application, but rather are we inspired by a desire to meet circumstances which already exist, and which will demand our thoughtful attention to avoid catastrophe. It will take some time to work out the plan which we propose, but we feel sure that it is in the right direction, and if conscientiously prosecuted will prove to be of the greatest service in advancing a higher education, and will forestall a problem in political economy which is nearly upon us.

NEW YORK UNIVERSITY.

The Medical Department of the University of the City of New York has substantially abolished its post-graduate course, through the resignation of all but one of its eight professors. The reason for this state of things seems to have been the complete absence of co-operation or disagreement between the two teaching bodies. It looks now as if a new school would be instituted for the purpose of post-graduate teaching, and it seems to us that there is a demand for it. In a large city like this, with immense hospital facilities for clinical teaching, there are at all seasons of the year a large number of practitioners seeking further knowledge—or brushing up as it is called—who would hail with pleasure the opportunity which such a school would afford. The effort shall have our earnest support.

ALUMNI ASSOCIATION.

The ex-members of the house staff of the Homœopathic Hospital, W. I., have organized an association for mutual improvement and for the purpose of furthering the best interests of their *alma mater*, and elected the following officers for the ensuing year: President, A. P. Williamson, M.D.; Vice-Pres., C. L. Bagg, M.D.; Sec'y, G. C. F. Williams, M.D.; Treas., E. G. Rankin, M.D.; Chairman Ex. Com., S. H. Talcott, M.D.

The first meeting was celebrated by a dinner at Hotel Royal, and was a most enjoyable affair, eighteen members being present.

Dr. A. P. Williamson, Chairman of the Committee on Organization, delivered the address of welcome and stated the object of the meeting.

OF OURSELVES.

The *Mich. Med. News*, one of the most able and esteemed of our exchanges, says, "The N. Y. MEDICAL TIMES has been added to our exchange list. It is devoted to the elucidation and support of the principle of *Similia Similibus Curantur* in medicine, although it requires a somewhat careful examination of its contents to detect this fact. It has this to say regarding the use of the term 'homœopath.' 'The display of the title Homœopath upon signs is rarely met with in these parts, and its use we will admit is only for purposes of notoriety, and should be abandoned by such as have any degree of appreciation of good taste and of the dignity of that title which needs no modification, viz:—Doctor of Medicine.' And yet there are those who will refuse to recognize a man who can utter such a sentiment, as a physician. We cordially welcome the TIMES to our table. It is withal a first-class journal."

Our colleague will please accept thanks for his courteous appreciation of our efforts. As medical journalists, we have other work to do than simply hammering away at the "elucidation of the principle of *Similia Similibus Curantur*," even if there were need of it.

This principle has been already proved to the satisfaction of its adherents, and the only question at issue respecting it, is the limit within which it is applicable, and we have many times expressed views concerning that point in these columns.

The only difference between the two leading schools, then, is a very narrow one, and should be waived for the common object upon which we can all stand as physicians, however much we may differ as individuals in minor details of theory. The Old School no longer denies *Similia* a position as a principle, and the New School does not claim it as the *only* one, in therapeutics! So wherein lies the dissension? This journal will continue to support that class of practitioners that claims to accept the results of experience, that includes the homœopathic application of drugs as one of its professional assets, and it heartily responds to the following sentiment regarding Ethics as expressed by the journal aforementioned:

"Homœopath and allopath, pure and simple, are alike entitled to no recognition by the broad-minded scientist, and he cannot be a scientist who is not broad-minded. But this does not imply that there are no practitioners who are by very common consent classed as homœopaths and allopaths, who merit recognition. We know that the term 'allopath' as applied to one 'school' of practitioners is a misnomer for which there is no excuse, and we believe there are those who are classed as 'homœopaths' who do not practice homœopathy pure and simple. If the regular physician so-called must be classed under a 'pathy,' he would, of course, claim to be an allopath, for his conception of the action of the majority of drugs is that their physiological effect is to cause a change in tissue and function contrary to that induced by the disturbing cause, disease. And on the other hand, there are many who are classed as homœopaths, although they themselves do not parade the title, who, if they must be classed under a 'pathy' would select homœopathy, for they believe that the diseased process may be overcome by exhausting the excitability of the tissue by the disturbing cause,

disease, through the exhibition of drugs whose physiological action is to cause changes *similar* to (not necessarily identical with) those caused by particular disease at the time constituting the disturbing element. The term 'allopath,' as applied to the former, is as much but no more, a misnomer than is 'homœopath' as applied to the latter."

In place of "pure and simple," we should substitute, *homœopathically* only.

The latest phase of the position proposed to be assumed by the so-called regular, is summed up in the following from a valedictory address recently delivered in this city. After quoting the resolution of the Royal College of London, he says: * * *

"This last sentence touches the root of the difficulty. *Those who trade upon such designations.* Let us take a concrete example. You treat a case of pemphigus with *arsenic*. You may theorize as you like about the essential nature of pemphigus: you may select *arsenic* because you think it would produce the disease, or because you think it produces something contrary to the disease, or for no reason whatever beyond the empirical fact that you have seen a case of pemphigus recover under the use of *arsenic*. Also, you may give this *arsenic* alone or combined with other substances, and in any dose that you please, from the decillionth of a grain to a grain, and you may explain the results as you like. But as an educated physician, and a gentleman, you may not advertise yourself as an arsenio-pemphigist, and denounce every one who does not adopt your theory and practice; and as there is a good deal of common-sense truth in the old adage, that a man may be known by the company he keeps, you will not have more to do than you can help with the men who do so advertise themselves; and still less will you have to do with those who advertise themselves as anti-arsenio-pemphigists, and then treat their cases with *arsenic* after all, and claim the results as due to dynamized brick-dust."

This sentiment evidently sounds the key-note of the prevailing view of the future which the old school generally will adopt. As we have no idea of employing any designation beyond that of physician, of denouncing any one for honest opinions properly expressed, or of interfering with the greatest liberty of opinion and action, it is evident that we have no grounds for contention.

In the new school our course has been criticised and "exposed" by some fanciful and deluded individuals, who set themselves up as autocrats of all that is homœopathic, for daring to express opinions at variance with their own. Were it worth the task, we could arraign them in return for what they choose to term, in our case, departures from the teachings of Hahnemann, but as we belong to that larger class of practitioners who do not believe that all investigation must remain at a standstill where he left it, and that no experience can be tolerated as such which interferes with his theories, we prefer to allow them to follow their own dictates, and we shall certainly persist in that right for ourselves.

We shall continue to fearlessly advocate and defend, in the future as in the past, those principles which we believe to be well founded, from whatsoever source they may emanate, with the hope of eventually meriting that title which stands above all others, and will, if conscientiously interpreted, bring the reward which we all seek for.

THE DIPLOMA OF "L. H."

The London School of Homœopathy has recently adopted a resolution conferring the diploma of Licentiate of Homœopathy, with the privilege of adding "L. H." to his titles, upon any student legally qualified to practice medicine and surgery in the country to which he belongs, who has diligently attended the lectures during one winter and one summer session of the school, and who has passed a satisfactory examination in the *Materia Medica* and Practice of Homœopathy, and a clinical examination in the wards of the hospital. Physicians and surgeons of good repute, who have practiced medicine or surgery for five consecutive years preceding December, 1881, may be elected, without examination, to the title of "L. H."

This action of the London school has awakened a sharp controversy among the members of the British Homœopathic Medical Society, in which the strong points of both sides are ably discussed by some of its leading members. Dr. Dudgeon, Dr. Drysdale, Dr. Black, Dr. Kerr, and Dr. Hale strongly condemn the step, while Dr. Hughes, Dr. Brown, and Dr. Bayes look upon it with marked favor and commend it as an important step in the right direction. We are sorry the London School of Homœopathy has opened this discussion. The plan seems to be full of objections. It is willingly getting on to a sectarian siding, instead of keeping on the main track, resisting every attempt to push us from it. As believers in a scientific therapeutics, we are the real leaders in medicine, and we can see no good in incorporating among our medical titles one purely sectarian. The signs of the times point to a speedy recognition of our claims and a vindication of our principles. It will be a sad day for the cause of scientific medicine when its adherents willingly take a position on a sectarian platform, upon which their opponents have so long tried to force them. The degree of "L. H." is only to be given to those who can show an old school diploma. In this country the so-called homœopathic medical colleges claim to give a more complete course of study than the old school, for they include a scientific therapeutics, and their degree is that of Doctor of Medicine. We regret that the London School of Medicine has taken its present position, believing it will do great harm to that cause of progress we all have so much at heart.

THE *Medical Record*, of New York, the *Therapeutic Gazette* and the *Michigan Medical News*, of Detroit; the *Southern Clinic*, of Richmond, Va., and the *Sanitary News*, of Cincinnati, O., are doing excellent service in the attempt to break down the barriers between the so-called "schools" in medicine. We suspect there will be a lively time when the American Medical Association attempts to discipline the medical society of the Empire State for daring to be progressive in ethics! If we are not mistaken, the delegates are fully equal to standing their ground.

THE Swiss National Council has adopted the principle of compulsory vaccination.

BIBLIOGRAPHICAL.

THE INCIDENTAL EFFECTS OF DRUGS. A Pharmacological and Clinical Hand-Book. By Dr. L. Lewin, Assistant at The Pharmacological Institute of The University of Berlin. Translated by W. T. Alexander, M.D. New York: Wm. Wood & Co. 1882. Pp. 239. Oc.

The term "incidental" as used in this connection is intended to cover a class of phenomena, which have been observed to occur in individual cases, after the administration of various drugs, and are termed "peculiarities." In our school they will be better understood as "aggravations."

The introduction to the subject, covering twenty-eight pages, is devoted to a general consideration, and the balance of the book to the study of a large number of drugs under which phenomena of this character have been found to appear. A careful study of this work will tend in the direction of individualization as well as of smaller doses, instances being recorded in which unpleasant symptoms manifested themselves after the administration of what would be termed by some, very minute doses. In explanation of individual susceptibility, either in the whole or of single tissues of the same organism, we find it claimed to depend upon a constitutional predisposition, which may be limited as regards time.

This is said to be due either to the presence in the body in excess of chemical substances, which render more soluble than usual the medicinal agents introduced, or which enter into combination with them, or it may depend upon pre-existing pathological changes in organs, or diseases of the regulatory apparatus.

There are many suggestive points in the elucidation of this part of the subject, which deserve our consideration.

In referring to the quality of drugs, the author adds a cogent argument in favor of the preparation of some medicines at least, from the recent plant, and explains how others may become inert from various causes.

The elimination from the system, the reflex action, and the forensic bearing, are points which receive their just consideration.

The work, as a whole, is both interesting and instructive, and is an important addition to our *materia medica repertorie*.

CONGRESO MÉDICO-INTERNACIONAL DE LONDRES. Par el Dr. D. Salvador Badia. Barcelona. José Múret, 1882. Pp. 124.

This pamphlet contains abstracts of the daily proceedings of the International Congress, which were sent to the *Enciclopedia Medico-Farmacéutica*, by Dr. Badia, who represented this Journal at the Congress, and who is well-known among the Spanish physicians, both as an original writer and translator. The letters are well written, care being taken to give only those points which would be the most practical, as well as interesting, for the profession at large.

RECHERCHES ET CONSIDÉRATIONS SUR LE TRAITEMENT HOMŒOPATHIQUE DU TRAUMATISME. Par Dr. H. Bernard, de Mons. François Jumperx. Bruxelles, 1882. Pp. 93.

The subject matter of this monograph originally appeared in the *Revue Belge*. The aim of the writer has been simply to give the results obtained by specific homœopathic treatment in relieving the pains attendant upon wounds, and in promoting healing action, the material having been gleaned from various periodicals and published authorities. The article as a whole contains very much that is instructive and interesting, and is worthy of careful study.

CHRONIC BRONCHITIS. Its Forms and Treatment. By J. Milner Fothergill, M.D., Edinburgh. With numerous illustrations. New York: G. P. Putnam's Sons.

This little work is intended, says the author, for practitioners and those who are commencing practice. It deals with a class of maladies exceedingly common in our changeable climate, and which require careful management, medical and dietetic, a matter scarcely dealt with sufficiently in the ordinary educational course. The work is full of instruction even to the advanced practitioner, who has found chronic bronchitis, with which he has been brought in daily contact in its various forms, one of the most perplexing and disappointing diseases he is called upon to treat. The pathology of bronchitis is clearly given in a conversational way and amply illustrated with diagrams.

As it regards the use of the drug action of *opium* in cases of respiratory embarrassment the author says "my experience has been dead against it in all its forms; first for its effect upon the respiratory centres and also from its action upon the liver and the finer assimilative processes. My experience has been unequivocal that *opium* is murderous in diseases of the chest. I willingly admit that there are cases of bronchial mischief and palpitation which have been benefited by small doses of *opium*; but while admitting this, it must also be stated for one case so benefited fifty have suffered more or less seriously—they are but the exceptions to the general rule. Opiates are fraught with danger in all diseases above the diaphragm. When the respiratories are embarrassed every dose of *opium* is apt to be a maelstrom on the road which leads to the grave." The author recommends *bromide of ammonium* either alone or in connection with *hyoscinamus*, as the drug *par excellence* in embarrassed respiration. We heartily agree with the author in condemning large doses of *opium* in respiratory embarrassment, and yet *opium*, in small doses homoeopathically administered we have found an admirable nerve stimulant and invaluable where such action is required. The book is exceedingly suggestive, full of information, and will form a valuable addition to the library of the physician of any school.

AMERICAN HOMOEOPATHIC PHARMACOPOEIA. New York: Boericke & Tafel. 1882. Pp. 490.

The want of a practical, complete and reliable pharmacopoeia has been seriously felt by all those having to do with the homoeopathic mode of preparing drugs. Now we can conscientiously say, that the demand has been fully and quite satisfactorily met, all the subjects being treated with sufficient detail to enable the uninitiated to proceed with that precision absolutely necessary in the preparation of the delicate agents employed in this department of pharmacy. Each drug is treated to its synonym, its natural order, its common name, its natural history and its preparation, together with the amount of power it contains. An appendix treats of nosodes, resinoids, etc.

LEUCORRHEA: Its Concomitant Symptoms, and Its Homoeopathic Treatment. By A. M. Cushing, M.D. Second Edition. Boston: A. Mudge & Son, 1882. Pp. 163. 16 mo.

This little manual is arranged after the plan of Boenninghausen's Whooping cough, and the present edition is rewritten and doubled in size. The text is mostly composed of the symptomatology of the subject from works on materia medica, and we regret to say is not constructed with any regard to elegance in the use of language, or to method in its arrangement.

The book will be found useful, but with greater care and some changes in compilation, it would present a much better appearance, and be of infinitely more service.

MATERIA MEDICA AND THERAPEUTICS. Inorganic Substances. By Charles D. F. Phillips, M.D. Edited and adapted to the *U. S. Pharmacopoeia*, by Lawrence Johnson, A.M., M.D. Vol. I. Wm. Wood & Co. 1882.

This volume forms the April issue of Wood's Library of Standard Authors. Vol. II. of this work, "The Vegetable Kingdom," appeared in 1879, under the editorial supervision of Dr. Piffard, and the present volume therefore completes the work, which has been delayed on account of the sickness of the author. The author adheres to the plan marked out in the preceding volume, giving first, a general description of the preparation of the drug—second, its physiological action, and lastly, its therapeutic uses. The discussion includes oxygen, nitrogen, sulphur, phosphorus, iodine, bromine, water, mineral waters and baths, the mineral acids, ammonia, aluminium and antimony. Dr. Phillips' familiarity with homoeopathic literature increases the value of the work.

THE JOURNAL OF NERVOUS AND MENTAL DISEASES, published by G. P. Putnam's Sons, passes with this issue into the editorial hands of Dr. William J. Morton, of New York. Its 250 pages are each quarter filled with original articles by the ablest writers upon mental and nervous diseases in the country, while its reviews of books, editorial comments and abstracts of society doings are always readable and full of information.

CORRESPONDENCE.

ON BOOK NOTICES.

MESSEURS. EDITORS:—In common with the majority of your readers, I have long placed your journal at the very top of the list of periodicals in our school of practice, as to literary, scientific, and general professional excellence. The last issue, however, contains a paragraph about which a sermon might be preached, because the value of an opinion is in proportion to one's estimation of the source. In speaking of a work on "*Minor Surgery*," so-called, by a distinguished professor of the art chirurgical, you state that it "is just such an one as might be expected from the pen of one so distinguished in teaching," etc. To be sure the expression is somewhat ambiguous, and may be construed as commendation or otherwise, "according to the taste and fancy of the" construer. If praise is meant, it is most unfortunately bestowed, as it is *not*, by any manner of means, such a book as the profession have a right to "expect," nay *demand*, from one who has been so long a teacher. Conceive of a *minor surgery* treating of gunshot wounds, fractures, dislocations and venereal diseases! Shades of Galen! what, then, in the name of all that is surgical, can *major surgery* be? Perhaps the term "*minor*" is used in the preface in its literal and not in its conventional sense, and refers to a little book on surgery. If this is so, the production is contemptible.

What the doctor says is good enough, so far as it goes, but to call it "*minor surgery*" is a very great mistake. Again, I think others have written on all the topics contained in this book; and the statement in your notice that it "fills a gap," etc., as if the book were unique, is not complimentary to the rest of our surgical writers.

A journal of the reputation of the TIMES should give us careful and comprehensive book notices, as we are often guided in our selection of books by what our favorite journals say about them. "VERITAS."

[We must take exception to the views of our correspondent in several respects. In the first place a work like the one under review only requires at our hands a passing notice—unless there are grave errors to expose—and as we re-read what we said of it, we feel satisfied that our statements meet the case fairly and justly.]

The title of the book indicates that it is not only "A Complete Minor Surgery" but also "The Practitioners' *code mecum*, including a Treatise on Venereal Diseases."

In view of this announcement the opinions of our would-be critic appear hypercritical and unwarranted!

We entirely fail to see in our review anything complimentary to other authors in this department of literature, and certainly no such intention prompted our expressions in the case referred to.—Eds.]

MASSACHUSETTS ETHICS.

MESSERS. EDITORS:—At your request I send the following communication received in February last, from the Committee on Ethics and Discipline of the Massachusetts Medical Society:—

MASSACHUSETTS MEDICAL SOCIETY. {
ROXBURY, MASS., Feb. 13, 1882. }

FREDERICK F. MOORE, M.D.

10 E. 38th St., New York City.

DEAR SIR:—Complaint has been made to the Committee on Ethics and Discipline, that while a resident of Boston, you were guilty of consulting with and abetting an irregular practitioner, by being associated with a homœopathist.

I am instructed by the committee to inform you that should you tender your resignation from the Massachusetts Medical Society, the charges will probably not be pressed.

Very respectfully, FRANCIS W. GOSS,
Rec. Sect'y.

In my reply to the committee I protested against the charges as most unjust and uncalled for, and declined, under the circumstances, to tender my resignation as requested.

In the Act of Incorporation of this Society by the Commonwealth of Massachusetts, are found the following words:—"As health is essentially necessary to the happiness of society, and as its preservation or recovery is closely connected with the knowledge of the animal economy and of the properties and effects of medicines; and as the benefit of medical institutions, *formed on liberal principles* (italics mine) and encouraged by the patronage of the law, is universally acknowledged—the Fellows, and their successors shall be, and continue forever, a body politic and corporate by the name of 'The Massachusetts Medical Society.'" "The Fellows of the Society shall have full power and authority to make and enact such Rules and By-laws, for the better government of the Society, as are not repugnant to the laws of this Commonwealth." Referring now to the code of ethics of said society, we read, under the heading "Object of a Code of Ethics:" "The Massachusetts Medical Society is designed to secure to the public a body of well-educated and otherwise trustworthy physicians. Its code of ethics is intended to furnish certain principles and rules of action for their guidance and convenience." Having passed the required curriculum at the Harvard Medical School, and having served the full term of one year as House-physician at the Massachusetts General Hospital, and having duly appeared before, and satisfied the Board of Censors of the Massachusetts Medical Society, I had, hitherto, supposed myself to be a "well-educated and otherwise trustworthy physician." Some two years or more since I was led to investigate the homœopathic principle of treatment, with the result of my becoming firmly convinced of its great curative power. Knowing that, as in my own case, the great majority of orthodox practitioners had imbibed an undue prejudice, as well as most erroneous notions in regard to this much-abused method, I took occasion to lay the subject before my brother-physicians, with the object of removing, as far as possible, such false impressions. But I did not then, nor have I since, assumed a sectarian attitude in the matter. I have never joined the homœopathic societies. Nor, although subsequent study and experiment have only served to strengthen my conviction of the great value of this method of prescribing drugs, have I ever upheld it as an "exclusive dogma" or a "universal law" of cure which supplanted all other measures of

treatment. The "fatal error" I did commit, however, was to breathe the same atmosphere with a homœopathic physician. This is the germ that has been incubating in the allopathic body for a year and a half, until it has, at last, reached the stage of eruption. I am now arraigned before the Society in question on the charge of violating By-law VIII. of its code, which is to the following effect: "Any person engaged in the practice of medicine or surgery in this Commonwealth, who has not received such a medical education as is required by By-law I., and any one guilty of practices forbidden to Fellows (1), shall be deemed an irregular practitioner, and it shall be disreputable and unbecoming for any Fellow to advise or consult with any such irregular practitioner, or in any way to abet or assist him as a practitioner of medicine or surgery." The "practices forbidden to Fellows," as laid down in By-law I., referred to, are:—"that he does not profess to cure diseases by, nor intend to practice spiritualism, homœopathy, allopathy, Thomsonianism, eclecticism, or any other irregular or exclusive system, generally recognized as such by the profession, or declared so by the councillors of said Society." That while a resident of Boston I did consult with, and abet a homœopathist, I cannot, and do not deny; and as, according to the By-law already quoted, any physician who practices homœopathy, not necessarily as an exclusive dogma, *but at all*, or consults with one who does so practice, is an "irregular practitioner." I am indeed, under the technicalities of the law, a double offender, and am debarred from appearing before the Star-chamber tribunal of said Society as a plaintiff pleading "not guilty." Desiring, however, to have a clear understanding as to the exact position to be taken by the Society in the premises, I intimated to the committee, through its secretary, that I considered By-law VIII. to be a dead letter. I received a prompt reply to the effect that the committee did not, by any means, look upon By-law VIII. as a dead letter. From this it was clearly evident that the committee intended to enforce the letter of the law, thereby precluding me from making such defence as I should certainly have made, were the way open to do so.

But, however technically correct it may be, the action of the Massachusetts Medical Society is plainly in direct violation of the one condition laid down in its Act of Incorporation, that it should be "*formed on liberal principles*;" is an arbitrary assumption of authority and judgment, wholly unwarranted by the true spirit and object of its own code, which is simply to "secure to the public a body of well-educated and otherwise trustworthy physicians;" and is, furthermore, entirely at variance with the growing sentiment of the profession at large, which demands perfect freedom of opinion and practice for the educated physician. The State Medical Society of New York has recently, as is well known, adopted a code of ethics that practically recognizes homœopathists as regular practitioners, and removes all restrictions to consultations between members of the opposite schools.

The bigotry and intolerance of this Massachusetts Society is matter of history. During the agitation of the question of the medical education of women, and their admission to the Harvard Medical School and the Mass. Medical Society, in 1881, Dr. H. I. Bowditch, one of the strongest advocates for the cause of woman, had occasion to show up the animus and illiberality of the Society in the following words: "The course of the councillors has been nearly if not quite as follows: More than twenty years ago, an accomplished woman physician requested me to appeal to the councillors for an examination, and for a license in the usual form. She asked for it simply in order to stand under the seal of the Society, as one capable of practicing medicine, and to place herself by license of the Society above the head of ignorant old women, then, as now, infesting the community and claiming to be doctors. She did not ask to be a member of the Society, or to attend its meetings. But so important did this license seem to her that she was ready to agree that, if she could not pass the strictest examination by the

censors, she would study any length of time they might deem necessary, under teachers whom they might appoint, and promise to do so until she could so pass. Certainly nothing could be more loyal to the highest professional ideal, and nothing could be more humble in its request. These propositions, made by one who subsequently proved herself, as I know by consultations with her, to be an able physician, were rejected with scorn, and without proper debate by the councillors. Since that time very little, I think, has been done. The arbitrary vote then and there given absolved me, and a few others holding similar opinions, from any attention to the supposed requirements of the By-laws, preventing members at that time from consulting with any person outside of the pale of the Society. One or more of the strenuous advocates of our By-laws hinted at possible rebuke, and perhaps our expulsion for so doing. We only replied, "Do exactly what you wish in the premises;" but we thought then, as doubtless the majority of the Society think now, that it would be an evil hour for the Society if any such action were ever taken. We are gratified to find that such illiberal notions would not now be sustained by the highest expounder of By-laws, namely, our actual President, who, at the last meeting of the councillors, took the broad ground that any member had a right to consult with any physician he might himself think duly educated!"

In this arbitrary and summary manner this Society, or its representatives in council, are in the habit of disposing of those questions that tend to take them out of the ruts of narrowness and prejudice in which they delight to run.

In a similar fashion, I presume, those who have the matter in charge propose to deal with me.

Fraternally yours, **FREDERICK F. MOORE.**
NEW YORK, April 20th, 1882.

[According to our interpretation, the By-laws of this Society are in conflict with the Act by which it was incorporated, and hence are in violation of Statute Law,—by being repugnant to the laws of the State—and should be pronounced null and void by a competent tribunal. As we read the By-laws they only make it "disreputable and unbecoming for any Fellow to advise or consult with any such irregular practitioner," (and homeopaths are made irregular by these By-laws)—a claim that certainly does not provide for expulsion, and we do not see how Dr. Moore can be expelled under its provisions.

It is evident that the President of the Society and Dr. H. I. Bowditch, two of its most eminent members, took this view of the subject, or else they were both guilty of the most flagrant and premeditated insubordination, by asserting that "any member had a right to consult with any physician he might himself think duly educated!"

We are glad to see that two leading members were induced to take so liberal a view, and Dr. Moore should be congratulated for being found in so good company.

We do not see how the Society can conscientiously discipline a Fellow for doing just what its leading members claim to be proper, viz., "consult with any physician he might himself think duly educated." Neither can we understand the reason why these same members do not come to the rescue of a Fellow who is suffering in consequence of their teachings and who is apparently standing the whole brunt of the fight, for principles which others are responsible for introducing. The Society, however, evidently stands in fear of that "evil hour," so far as some are concerned, and is venting its spite upon a single individual of less prominence.

Now is the time for the liberal-minded men in the old school throughout the country, to take such a stand as has been done in this State, in favor of more tolerance toward those who differ with them, merely in a single therapeutic point, for through combined effort, much more can be accomplished than at present while divided into sects, of which there is no longer any need.—[Eds.]

ON SOME EXPERT TESTIMONY.

MESSRS. EDITORS:—In the trial of a case of alleged seduction and abortion in this city, which has just closed, some of those popularly supposed great lights of the old school gave such curious medical evidence for experts, that I think your readers will be interested, if not amused and instructed by it.

The first one, who was on the stand when I entered the room, stated that he thought seven drops of the oil of *sabina* three times a day a proper dose for curative purposes!

He admitted, however, that he had no personal knowledge of the drug, having never used it in any way, as he had been so anxious, as the lawyer interpolated, "to avoid the very appearance of evil." Now, when I say that this same man, in consultation with another physician here, failed to relieve a lady suffering from a slow, oozing hemorrhage at menopause, after trying for six months, and then expressed the fear that the lady was the subject of uterine cancer, which statement led to a change of physicians and to the more rational practice of homeopathy, and one single prescription of *sabina* cured the case in a week, and the lady is well and happy to-day, I state a fact which is a corollary to the first statement.

This fact may also explain a statement of the next medical expert, when he said that the U. S. Dispensatory says that oil of *sabina* will cause abortion, and, he added, "it says, too, that it will cure threatened abortion."

This man is blunt but whole-hearted, and has never refused to consult with homeopaths. He may have been willing to shield the accused, a young physician of unusual promise, by adding this statement, which is true, or he may have been bewildered by it, for I think the U. S. Dispensatory, and also the National Dispensatory, which makes the same statement, or rather which says it is said to cure threatened abortion—I say these dispensaries are not careful enough to say that the dose should be extremely minute.

If these gentlemen will ask any of those poor homeopathic physicians about them, who have so little need to use the obstetric forceps, that one of these experts is reported to have publicly declared as a reason for his consulting with them and applying the obstetric forceps for them, that none of the homeopaths of this city had a pair or knew how to apply them, he will be told that *sabina*, given in minute doses is their sheet anchor in threatened miscarriage, and that it cures these cases like magic, simply and solely because it is homeopathic to them, and also that this has been known and practiced by homeopathic physicians for almost half a century!

The allopathic fossil, who had never used *sabina* in any way, also stated that he had never known of Simpson's uterine sound having produced abortion, until, at the suggestion of the writer, the junior counsel for the prosecution asked him if he did not know that Prof. T. Gaillard Thomas has confessed to having done so accidentally in his early professional life.

This question roused his slumbering memory to say that he believed he had heard that this was the case. He seemed to be utterly oblivious of the statement of this foremost author in his own school, as given at the top of page 80 of "Thomas' Diseases of Women."

All three of the allopathic experts stated that Simpson's uterine sound is the proper instrument with which to treat an ulcer of the uterine cervix, when, as any tyro in gynecology knows, it is about as appropriate an instrument for treating an ulcer of the uterine cervix as a crowbar would be to treat a sore eye.

The facts are, as every well-read homeopathic surgeon knows, that Simpson's sound has not been used by cautious gynecologists for many years to probe the cavity of the uterus. It has been superseded by the delicate

* It is here stated that even the much smaller and more delicately used probe of Sim's has caused abortion.

silver probe of Sim's, which is not larger than a knitting needle, and is held very tightly between the thumb and forefinger when being used.

Simpson's sound is used by *scientific* surgeons to measure the depth of the uterus when it is free from lesions that might be injured. It has a scale of distances marked on it for the purpose; and, that Sir James Simpson intended it for that use, its *name* implies; while the *applicator* of Sim's, a uterine sponge holder or a pair of uterine dressing forceps would be much more appropriate instruments for treating uterine ulcers.

One of their number testified, as an expert, on this same trial that he had not read Wood's *Materia Medica* since twenty years ago when Chauncey Schaffer, the lawyer, naively informed him that the book was *first published* in 1868, *fourteen years ago*!

With this humiliation, Schaffer let his witness step down and out, having undoubtedly taken this way of retaliating on him for having been so insolent a few moments before as to incur a rebuke from the court.

Schaffer's associate counsel, Bragur, had just let down the preceding witness, as I have already stated, after having shown his unfamiliarity with the very foremost writer on gynecology, by exposing not only his ignorance of several standard works on *Materia Medica*, but actually of the U. S. Dispensatory, for the man was confessedly without knowledge of the most important facts there stated about *sabina*, which, as has been said, he had never in any way employed.

The medical testimony at this trial brought out some other wonderful things, but I will reserve them for another time to you. Truly, etc.,

AN APT LEARNER.

POUGHKEEPSIE, N. Y., March 24, 1882.

THE AMERICAN INSTITUTE CHANGE

MESSRS EDITORS:—There has been considerable discussion in regard to the change of place of the meeting of the American Institute of Homœopathy from Richmond Va., to Indianapolis, Ind.

The Executive Committee assign as a reason for said change "information from Richmond, Va., and from the Hahnemann Medical Society of the Old Dominion, satisfies the Executive Committee that the invitation was premature." Prior to the meeting held at Brighton Beach, Dr. Barrett and myself held considerable correspondence with each other, and with the other homœopathic physicians of Va., relative to inviting the American Institute to meet in Richmond at the session of 1882.

All but two, expressed themselves warmly in favor of the invitation; these two are residents of Richmond.

At Brighton the invitation was extended to the society by Dr. Barrett, as delegate from the Hahnemann Medical Society of the Old Dominion. The Institute voted unanimously to hold its next session at Richmond, after being told that we were few in numbers, and could not furnish them with a banquet, etc. Now it seems to me that the Executive Committee ought to have made careful enquiry of the members of the Hahnemann Medical Society of the Old Dominion, before taking the say-so, of any one not a member of the American Institute of Homœopathy.

There are as good accommodations to be found in Richmond as in many Northern cities. Measures were being taken to furnish accommodations to *all* the members of the Institute, and they would have been well provided for.

As for the Hahnemann Medical Society of the Old Dominion voting to request the Institute not to come to Richmond, there has never been a quorum present, at any regular meeting since June, 1881, and consequently no business has been transacted of any kind. The whole thing has been the result of petty jealousy, and all whom I have consulted are bitterly disappointed at the result.

We need help and encouragement from the Institute, and I claim it rightly belongs to us. A meeting of the Institute in Richmond would help the cause greatly in the South.

There is a good broad field in the South for homœopathy, and active energetic men who can come here and not crave after the flesh-pots of Egypt can and will succeed.

We want no more men who prescribe tonics, purgatives and blisters to represent homœopathy in Va., but men who are fearless enough to prescribe according to the law of the similars, and who have at least *read* the *Organon*. I do not lay claim to any great ability, but I have succeeded here, and others can do the same.

We wanted the Institute to come here, see the field for itself, and then send the graduates from the colleges here. If the Institute wishes to repair the injury done us, let it come to Richmond in 1883 and we will do *all we can* to make them comfortable, and have an instructive meeting. I much regret that my business will not permit my attendance at Indianapolis, as I would like to see Dr. Barrett and the cause in Va., righted before the Institute.

Trusting that you will give this a place in your next edition, I am, Respectfully yours,

M. E. DOUGLASS, M.D.

DANVILLE, VA., April 6, 1882.

OUR FLORENCE LETTER.

MESSRS EDITORS:—I have received the MEDICAL TIMES, which is always welcome, but doubly so now, not only because it contains so much of value and interest, but also because it recalls old associations during my long residence in America.

The well-known names of those engaged in the great work of progressive homœopathy awaken the memory of former days when I took a somewhat active part and added my mite to the scale of our dear profession.

As I have yet my heart in the dignity and success of homœopathy, I shall continue to trouble you with my correspondence, which, although not just what I desire, is the best I can do in a country that moves slowly like this.

My visits to the hospital of St. Maria Nuova are always courteously received and I am shown all their cases of interest.

I have seen very little medical treatment because of my special attention to the surgical department, but at the same time they had some cases, which although nominally surgical, required medical treatment.

First, we had a case of honeycomb bladder, the treatment of which I could not disapprove, although I expected but little favorable result from any treatment. All they attempted was injections of *borate of soda*. Some temporary benefit only could be obtained; but the formation of pus continued until pyæmia set in and death followed.

The case came to the hospital when the disease had been going on for some time and consequently the constitution was thoroughly undermined; but, as is usual, everything was expected from hospital physicians and surgeons. Whether it was syphilitic or scrofulous, I could not ascertain, but I am inclined to think it resulted from general cachexia.

Another case of acute urethritis, which was of a gonorrhœal source, was let alone, until fever and exhaustion set in; for you must know that our allopathic friends have lost all faith in their system of therapeutics. I suggested, on homœopathic principles, *cubeba* or *copaiba* with hot fomentations; they answered, "Ah, he will get well without medicines," but accepted the suggestion, with what result I have not yet learned.

All varicose diseases are treated with bandages and application of *iodine*, if no ulcers are formed; but in case of ulcers, bandages and *nitrate of silver* are used, without any attempt at medical treatment.

I ventured to ask what had become of the *secale cornutum*. "Ah, that is homœopathy," they used *tincture muriate of iron* internally, and stimulating applications externally. I told them of a case of mine in which *secale* (strong) had a wonderful effect. Of *hamamelis* they know nothing, of course, and only used *alumina* as a collyrium, etc.; of *nitric acid* or *arnica*, they do not even seem to think; so lost is the science of therapeutics among the old school doctors!

I saw a very successful operation of excision of the upper third of the femur, about two inches, in a girl of 16 years, performed by a young assistant surgeon; also several operations for cancer, particularly one of the right maxilla extending to the antrum; the incision was made from the nose down and outwards until the maxilla was completely uncovered and then removed.

The result, as far as the operation and temporary relief were concerned, was all that could be expected. The wound healed by the first intention. The patient was about 55 years of age and otherwise strong.

In another case of cancer of the tongue *electrolysis* was employed, but death soon followed. No anæsthetics were used, and the heroism of that young man was almost supernatural.

There was also an ugly case of accidental infiltration of *iodine* (after the operation of tapping the scrotum) which caused inflammation of the tunica vaginalis extending as far as the pubes, with sloughing of the scrotal sac and two inches in circumference of the skin above the pubes.

Hot fomentations and poultices removed the vascular engorgement and inflammation, but of course it resulted in sloughing, which was successfully treated with mercurial plaster, bandages and daily cleansing with Castile soap and warm water.

The right testicle was totally denuded; but by exciting granulation with the above treatment, recovery became possible.

The hospital of St. Maria Nuova is the largest in Florence. It has a department for children called "Cascine degli Innocenti"—a beautiful and suggestive name.

As a hospital, in a modern sense, it is supremely defective. The wards are too large and high to be comfortable, and wanting in almost all the necessary means of perfect ventilation and heating, so that both patients and physicians labor under great disadvantages.

This hospital was originally a convent, and has some very fine courts surrounded by arcades, in which are yet to be seen some frescoes of considerable value.

The medical college is in this building, occupying several lecture rooms. One for surgery, one for clinical medicine and one ophthalmic ward, where the professors teach their respective branches.

All students are required to make a written thesis, and the examinations are both theoretical and practical, viz., at the bed-side of the patient.

The anatomical rooms are provided with material and the student is required to perform the different operations on the cadaver, especially those who intend practicing surgery.

The faculty is selected from among the most learned men of the profession irrespective of nationality; foreigners often occupying chairs in the medical universities of Italy.

The physicians are agreeable and ready to acknowledge all well-educated physicians as equals irrespective of any peculiar medical opinion they may entertain.

The time is not far distant when we shall have but one school of medicine upon the broad principle of liberal medical science.

Having read several interesting articles in your last number of the MEDICAL TIMES, I feel that a few words would not be out of place in answer to Doctor H. M. Paine, of Albany, N. Y., and his so-called "rickety theory of dynamization;" although agreeing with him that dynamization is not homœopathy or *similia*, yet I

think he goes too far when he ridicules dynamization *in toto*. I am not a potency man myself, still I think that Doctor Marcy's explanation of what dynamization is and how the homœopathic profession understands it, viz., as simply a pharmaceutical mode of developing the intrinsic elements of matter, is a sufficient answer to any calumny of the antagonistic school of medicine; also to Dr. Paine's remarks. That we claim nothing further is, I believe, accepted by the profession, with the exception of a few dreamers of moonshine stripes.

We should not forget that limited dynamization is certainly an advantage to the action of medicines in general. Extreme division, however, is not within the range of logic or human calculation.

And now I must tell you that we need homœopathic physicians in Europe more than in America; if properly cultivated gentlemen, with good endorsement and the language, they would undoubtedly succeed in introducing homœopathy here as advantageously as the American dentists have introduced dentistry.

The old country needs an impulse from outward forces in order to awaken it from that state of lethargy which prejudice and custom have produced.

To reform the old fallacies of the allopathic school of medicine requires earnest work and much time. Meanwhile there are dangers which we must be ready to meet, viz., those of abandoning the principles of homœopathy as a compromise with a school of medicine which has the greater number and would finally and virtually ignore the law of "*similia similibus curantur*." The only possible way to meet our allopathic friends is to uphold the dignity of homœopathy and to develop its principles and resources.

Yours sincerely,

CRO DE SUZZARA VERDI, M.D.

FLORENCE, Italy, March 25, 1892.

OUR LONDON LETTER.

MESSRS. EDITORS:—When I wrote the letter which appeared in your issue of February, the name of the convict Lefroy, who murdered a fellow traveller in a railway train, was in everybody's mouth, and I used it to illustrate a point in my remarks. It did not occur to me that the name was less familiar on the other side of the Atlantic, and I took no especial pains to write it distinctly. Judge my astonishment on reading "Sepoy" in the place where I had intended the name of the condemned criminal to appear! Far be it from me to suggest that all Sepoys are criminals; on the contrary, I have every reason to believe they are a very worthy and useful set of men. If it had been in the days of the Indian Mutiny the illustration might have served, but, happily, those days are well nigh forgotten by the present generation. What I intended to say was, that had as Lefroy might be, and valuable as human vivisection might prove to medical science, the civilized world would rather forego the advantage than permit the vivisection.

The *Nineteenth Century* for March contains two articles from medical men in defence of animal vivisection, and one from a veterinary surgeon. Sir William Gull writes on the "Ethics" of the question, and concludes that the Parable of the Talents settles it. He is of opinion that putting a dog in a stove at 212° and keeping him there till his temperature rises 10° in all parts, and causes his death, is no more painful than death from high temperature as fevers. But Dr. Lauder Brunton's article bears the palm for originality and audacity of statement. Dr. Brunton has lately brought out a volume on "The Bible and Science," and it would appear that he is just as safe a guide in the one department as he is in the other. In the article in question he gives a new, original rendering of the Parable of the Good Samaritan, whom he regards as the "prototype of antiseptic surgery," evidently supposing that the oil that he poured into the wounds of the injured man was *carbolic oil*,

though he does not say so. According to Dr. B., all the latest additions to the Pharmacopœia are due to vivisection, especially *carbolic acid* and *physostigma*, the latter having been found through means of vivisection to be good for paralysis. He draws a picture of a man suffering from valvular disease of the heart, one of those moving pictures we find usually in the advertising columns of newspapers, and then gravely informs the public that the discovery of that disease is due to experiments on animals, and, thanks to experiments on animals, we can cure it with *digitalis*! Why has he not published his cases?

This is not the only valuable literary production that has come of late from St. Bartholomew's school. Dr. Wickham Legg, lecturer at that school on Pathological Anatomy, had a letter in the *Lancet* for March 4th. It appears he is in trouble, and nothing short of an act of Parliament can relieve him. It is a sad case, and your readers will be deeply touched when they learn what his grievance is. He is *M.D. of London University*! So is Sir William Jenner. Both of these illustrious men have given up wearing the title, but they cannot prevent others giving it to them, and they cannot have it taken from them without an act of Parliament. And why should they wish it? Good reason. *The University has decided to grant medical degrees to women, if they can get them!* Dr. Legg and Sir Wm. Jenner did not bargain for that when, in the days of their innocent youth, they obtained the University degree, and now, unless relief comes, their names must stand as decoys to other innocent youths, who would think the degree of no value if the names of Legg and Jenner did not adorn the list of its possessors. This is a matter that does not admit of delay. The "barrier between the sexes" is about to be broken down, unless Drs. Legg and Jenner can be relieved of their "M.D.'s." A subscription is at once to be opened and measures taken to avert that dire catastrophe. To all who wish to know the height that arrogance and narrow-mindedness can attain, I strongly recommend a perusal of Dr. Wickham Legg's letter.

It is hard to satisfy some people, and impossible to satisfy all. Just at the time when some are groaning under the burden of "M.D., London," and crying out to be relieved of it, and warning others not to take it, some, on the other hand, are thirsting for new decorations, which the London School of Homœopathy has good-naturedly undertaken to supply in the form of the mild "L.H." The birth of this latest born medical title appears to have been a little premature, and many regard it as nothing better than an abortion, and say that it should be buried out of sight, and the sooner the better. One thing is certain, the homœopathic family were quite unprepared for its advent, and a large section of them can by no means be persuaded to welcome the "little stranger." Its sponsors, however, are very sanguine about it, and not only believe that they can rear it, but that it is destined to accomplish great things. It will draw students to the school and will lead homœopathy on to victory. It will not, they say, widen the gulf that already exists between the two schools of medicine; quite the contrary. Those, on the other hand, who regard the new comer with suspicion, say it has accomplished much already, and is likely to accomplish more. Whether or not it is calculated to make the split between the allopathic and homœopathic families wider, it has already made a split in the homœopathic family, which is likely to grow bigger as the growth of the nursing proceeds. In the meantime, whatever its real vitality may be, it is not in very vigorous health at present. Consultations are frequently held over it. According to the latest bulletin it would appear to be in a state of suspended animation. It may come to an inquest before long.

Yours fraternally,

JOHN H. CLARKE, M.D.

15 St. George's Terrace, S. Kensington,
LONDON, S. W., March 16, 1892.

ON OLD SCHOOL LITERATURE.

MESSRS. EDITORS:—To the ordinary homœopath the reading of journals that are supposed to represent the best opinion of the "regular" school, affords more material for a good hearty laugh, than does any single column that is to be found in the *Detroit Free Press*.

Homœopathy is what they are attempting to wrestle with, and the amount of sarcasm, and perversion of facts—so simple that a lower class student would refuse to be responsible for their utterance—is the foundation for their maudlin twaddle.

The very name of homœopathy appears to inflame their imagination, and evaporate their reasoning powers—to a greater degree than a red rag is said to arouse the passions of an angry bull.

Of course it is a weakness belonging to human nature, to dislike to acknowledge that any mistake has been long permitted to remain without an attempt at a correction. Finding that the ground they have so long dogmatically asserted to be theirs, and theirs alone is slipping from under them, they are now indulging in senseless ridicule and wanton theft.

Senseless ridicule in the review of any book having the homœopathic treatment of disease within its covers—for to a school whose history regarding its own success in treatment is so meagre, to set itself up to judge of that school from which it is daily learning, savors of being not only senseless but a ridiculous pretence.

As to wanton theft, homœopaths can with commendable pride point to their early text books published between thirty and forty years ago, and show that they were then using and with more comprehensive indications too, the same drugs that the old school now designate as new and valuable remedies.

Their journals are continually bearing testimony to the weakness of their own resources. Uncertainty characterizes most of their reported cases, and the treatment is simply that of a hap-hazard-go-lucky empiric.

Of late they have been urging the study of materia medica, and their efforts would be amusing, were they not so open an admission of their anemic condition that it savors strongly of pathos.

With the simple but unpleasant fact growing daily more apparent, that the more intelligent and wealthy members of our cities are favoring and employing homœopaths—they feel that they are not what they have hoped every one would believe them to be, a "chosen people."

All that homœopaths desire is honorable treatment regarding the principles of their school.

Self-respect demands that the "peculiarity" of the system should be sturdily maintained by its advocates, so long as it is an improvement on any other known method of medical practice.

Whether the law by which homœopaths practice is a universal one we will not say. Suffice it for the present to admit that it is the best. If not, why are the principles of homœopathy subjected to petty thefts?

One thing is certain, the rich study of homœopathic retreat can be long depleted of a few broken and imperfect straws without sustaining material loss.

It would be well for the old school to thoughtfully consider that the best way to come to truth is to examine things as really they are, and not to conclude what they are, as we fancy of ourselves, or have been taught to imagine.

K.

CYANIDE OF MERCURY IN SYPHILIS.—M. Galezowski (*Le Prog. Méd.*) notes the efficacy of this drug in certain localizations of syphilis upon the membranes of the eye. In atrophy or neuritis of the optic nerve, or even alterations in the choroid or retina, the ordinary treatment and *albuminate of mercury* have proven of only little value. In several cases of iritis, choroiditis, and even atrophy of the papillæ of syphilitic origin, the *cyanide of mercury* has given good results.

SOCIETY REPORTS.

HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHENY CO., PA.*

REPORT OF A CASE OF ORCHITIS, BY O. R. SHANNON, M.D.

A few weeks ago I had under treatment a very troublesome and tedious case of this affection, which recovered in twenty days after the treatment was begun, and which had commenced seven or eight days previous. I therefore concluded to report the case and say something about orchitis this evening.

The case is as follows: A moulder, aged 55 years, married, of temperate habits, was splitting kindling wood in the cellar, and, to avoid striking the floor above, bent, or twisted his body in such a manner that a strain of the spermatic cord was produced. He felt some pain at the time, but next day went to his work, and consequently aggravated the trouble. He was at last compelled to seek medical advice.

I found the left testicle swollen to about three times its natural size. The scrotum was hard, red and inflamed, with extreme tenderness over the whole organ and up the cord; there was a dull, sickening pain with occasional sharp shooting pains up the cord; there was no febrile condition, but the appetite was poor, and constipation was present.

The treatment consisted of hot *arnica* lotions, complete rest, and *arnica* internally. For nine or ten days there was very little change for the better. *Rhus tox.* was then given, and warm water applied to the parts, and continued from this time until the case was discharged. *Bell.* was occasionally given in alternation with the *arnica*. *Puls.* and *nux. com.* with the *rhus tox.*

The recuperative powers of nature, with rest, might have brought about as good a result and as quickly. In most cases they will do so. In long-continued cases of disease, when we are at a loss to know what remedy to give, without exhausting the *materia medica* in trying, it is best to trust in God and nature.

I felt it my duty while attending to this case, as well as in others which I have treated, to read up the subject and in doing so found that under the head of orchitis were included the acute, the chronic, and scrofulous forms of the inflammation.

The acute form is almost always associated with or is a result of epididymitis. Genuine orchitis is rare, whilst epididymitis is common.

Owing to the difference in structure, and on account of its being near to, and closely connected with the urethra and other organs which first become irritated and inflamed, the epididymis may be affected primarily, the body of the organ secondarily, or *vice versa*, according to the cause. Hence it is very difficult to distinguish one from the other, especially if the inflammation be severe or has continued some time, for the inflammatory exudation soon fills up the cavity of the tunica vaginalis and the loose tissues of the scrotum, the skin of which soon becomes inflamed.

The distinguishing characteristics of each are as follows: In orchitis the swelling is uniform; the pain is duller and does not run up the cord. The sensation of weight is greater. Hydrocele is rare and the causes for the most part are constitutional conditions, like mumps, syphilis, gout and rheumatism. In epididymitis the swelling takes the shape and situation of the epididymis. The pain is more acute and runs up the cord. Hydrocele is common, and generally results from inflammation of related organs, the urethra, prostate gland, etc.

The products of the inflammation are serous, plastic and purulent. The first is the result of epididymitis,

and is often followed by acute hydrocele. The second frequently produces induration and chronic enlargement of the testicle. The third may result in abscess, although it is rare.

The seat of the inflammation at its commencement, depends greatly on the cause, such as direct injuries, strains, and the constitutional conditions above mentioned. The glandular part of the organ is first involved. When the epididymis is first and chiefly affected any irritation or inflammation of the urethra and other near organs may cause the trouble, as also the operation of lithotomy. The passage of calculi, the introduction of instruments into the urethra, stricture, gonorrhœa and suppression of the gonorrhœal discharge are said to produce it. Direct injuries also cause the latter trouble, whilst urethritis may produce orchitis.

About one case in forty or fifty is caused by a metastasis of mumps. Dr. Dulges, in the *Lancet*, says that it is not a metastasis, but a complication that can be watched for, and that it occurs only after puberty, and generally comes on between the seventh and ninth day; that its approach is indicated by a rise of temperature before any pain is felt. When gonorrhœa exists, very slight causes, as the rubbing of the pantalons, exercise on horseback, etc., are sufficient to produce the trouble.

The symptoms of the inflammation are more or less febrile excitement, nausea, sometimes vomiting and constipation; pain in the loins, iliac regions and groins, and down the anterior surface of the thigh, sometimes of neuralgic character. Dull, heavy, sickening pain in the testicle, with occasional sharp shooting pains up the cord. Swelling, dragging weight, and great tenderness of the organ especially the lower end. There is also redness of the scrotum. "The pain in orchitis is from below up, in hernia from above down."

The prognosis is favorable, disorganization, suppuration or structural change seldom takes place. No impairment of the organ results except that it is more liable to subsequent attacks.

The enlarged and hardened condition caused by the effusion of lymph gradually disappears after the inflammation has subsided. Some cases are recorded which was followed by atrophy. Obstruction in the vas deferens, if the obstacle is not removed, destroys the functions of the testicle.

Treatment: Rest, in a recumbent position, should be strictly enjoined, and a suitable apparatus applied so that the inflamed organ shall be supported in all positions to prevent dragging on the spermatic cord by the enlarged testicle. Constant application of cold water with cloths is advised, but is frequently unpleasant to the patient.

The hot fomentations are more soothing to the patient and more effective in reducing the inflammation and should be preferred. *Bell.*, *arnica* or *opium* to allay pain may be introduced in the hot water or poultice.

When the acute pain subsides the scrotum may be shaved, the testicle drawn down and strips of adhesive plaster placed above and around it. This should be replaced every two or three days. The pressure occasioned by the strapping cannot be borne when the parts are sensitive. If the acute pain cannot be relieved by other means, puncturing the cavity of the tunica vaginalis and evacuating the contained fluid will relieve quickly. Induration and enlargement are removed gradually by pressure and the administration of some one of the following remedies, viz.: *aurum*, *nitric acid*, *rhododendron*, *cicuta*, *mercurius*, *spigelia* or *mulph.*

With the proper adjuvants the greater number of cases get well. Some cases terminate favorably without any treatment, not even rest.

There are twenty-five remedies recommended by Raue in his *Therapeutics*; some of them for inflammation in general, others for the cause.

I have used *aconite*, *bell.*, *arnica*, *puls.*, *rhus tox.* and

* Read before the Society at its April meeting.

Aconite and *bell.* when fever, thirst, pain of a neuralgic character, extending into the bowels and thighs, are present. The patient is sensitive, nervous, and intolerant of pain. *Arnica* internally and externally when the trouble arises from injuries. *Puls.* when gonorrhoea exits; *rhus tox.* and *nux* when arising from strains; dark redness of the scrotum calls for *rhus*. In severe cases *tartar emetic* is said to have a marked effect in reducing the inflammation and relieving pain. The symptoms calling for it are, besides the pain, furred tongue, bad taste, eructations, want of appetite, and constipation. The treatment employed by the "old school" when sharper measures are not necessary is *antimony*, combined with small doses of *mercury*, given so as to produce and maintain nausea. *Clematis* is recommended for inflammation of the right testicle.

The diet, in all cases, should be light and unirritating.

Of fourteen cases I have treated two seemed to be purely epididymitis; others may have been also, but I could not make out the distinction.

The shortest time of recovery was four or five days; the longest time was twenty. Two of the cases were caused by direct injury to the organ, one was from a strain, two were caused by the introduction of bougies for stricture. The remaining nine were from gonorrhoea. There was no suppression of the gonorrhoeal discharge, but it had lessened considerably when the testicle became inflamed, which was three or four weeks from the commencement of the gonorrhoea. The inflammation had invaded the organ through the contiguity of tissue.

I never yet have had occasion to puncture the tunica vaginalis. I have not treated any case the result of mumps, gout or rheumatism. I have never seen the chronic and scrofulous forms of the inflammation.

DISCUSSION.

Dr. Anderson: I have had two cases of this disease in connection with typhoid fever. One was a boy, 14 years of age. The attack of fever was complicated with pneumonia, and ran a severe and lengthened course. The orchitis set in about the fifth week and lasted till the seventh. I did not make any hot applications, and the treatment of the fever was continued. Towards the latter part of the course of the orchitis there was considerable hydrocele, but without much pain.

The other case was an adult, in whom the attack of fever was a very light one. The orchitis appeared after the man was up and walking around. The attack did not last over a week. *Acon.* and *puls.*, with hot applications, were used. I do not report these cases for the treatment pursued, but because of their occurrence in connection with typhoid fever.

Dr. J. H. McClelland: Under the head of non-specific orchitis we have the acute and chronic form, either of traumatic origin or idiopathic. Under the head of the specific, we have the syphilitic, tubercular or scrofulous, and the encephaloid. I wish to speak more particularly of the syphilitic form. I have had several cases of this variety; some of them proved troublesome, but all yielded to treatment. The testicle in the syphilitic variety is smooth, hard, firm, and without any tendency to suppuration. In the tubercular form the testicle is nodulated, unevenly hard, and prone to suppuration. In the encephaloid form the progress is rapid and destructive, with ulceration. In the non-specific form I use the remedies as mentioned by Dr. Shannon, especially *bell.* and *puls.* Dr. Cooper suggests *nux com.*, but this I use in the irritative form. In the syphilitic variety I use, as a general thing, *merc. iod. flav.* Sometimes I use *aurum* with this, and occasionally *conium*. The latter is better in the tubercular variety. The treatment in every case depending, of course, upon the symptoms. If the testicle is hard and painful, I give *conium*. In the encephaloid, *arsen. iod.*, as also in the tubercular variety. There is a form, however, which is connected with orchitis, but I do not know

whether you can call it orchitis or not, although it is a disease of the testicle, and that is *irritable* testicle. There is a good deal of pain extending up the spermatic cord, the pain not being constant, and there is excessive or free seminal discharges. With this is associated nervous debility, and other nervous symptoms, which come, I think, from this irritable testicle, itself the result of excessive venery or onanism. For this I give *clem.*, *gels.*, and *nux*. I have been surprised many times at the great inflammation in the testicle, with every appearance of the rapid onset of suppuration, which would subside sooner or later under the use of these remedies. I have also used in these cases hot applications with *merc. iod.* In my experience the left testicle is affected with orchitis twice as often as the right one. In some of these cases *lach.* has rendered good service.

Dr. Martin: I have seen orchitis during an attack of small-pox. *Merc.* was given, and the inflammation subsided as the patient recovered from the small-pox. I have seen several cases of parotitis after typhoid fever, but never any orchitis. I have had better results from *clematis*, even in inflammation of the left testicle, than from other drugs.

Dr. Childs: I have under treatment a case of what might be called irritable testicle. There was an enlargement of the left testicle with hematocele. He was a married man, 35 years of age. The trouble was traceable to a strain. A suspensory bandage was applied, and hot fomentations applied at night, afterwards using a wash of *hamamelis*. Internally, *merc. iod. rub.* and *nux com.* were used, giving them in alternate weeks. There is also present a constipated habit. He has been under treatment about six months, and reports improvement while taking the medicine. He was before that under old school treatment.

Dr. Seip: I noticed one point in the paper in regard to the prognosis, or rather duration, that some cases got well in four or five days. I have never been able to cure my cases in that length of time. The majority of them lasted over 12 days. Hot water and rest are the two important features in the treatment of this disease. I treated, several years ago, a case of parotitis followed by orchitis. The swelling of the testicle was reduced after four or five days, but he was suddenly attacked with acute mania, which lasted about 48 hours and then gradually subsided. He was taking the *iod. of mercury* when the orchitis set in, and the remedy was then changed to *bell.*, which was continued through the attack of mania. I believe that some authors speak of this sequela of orchitis, but I could not find anything of the kind in our literature. The mania, while acute, was not violent; there was a desire to get up and go away, and he had to be restrained.

Dr. Ferson: I had a case under treatment for about eight months altogether, which was diagnosed as syphilitic orchitis. The history was a specific one, as near as I could tell from his description. The orchitis set in about a year after the appearance of the syphilis, and had been present for several months when he first came to the dispensary. The testicle was swollen very hard and there was one opening, and I think a second, from the body of the testicle on to the surface of the scrotum, discharging a bland, yellow fluid. The man was melancholy and very much debilitated, and grew worse, rather than better, while under treatment. Bone symptoms finally developed. The second finger of the left hand began to enlarge to twice the normal size, forcing the other fingers apart, and extending on to the hand until a suppuration was established, and this also spread. The same condition occurred in the right leg, above the malleolus, and the lower portion of the tibia became enlarged and ulcerated. While under treatment at the West Penn. Hospital, the operation of castration was proposed and agreed to, but when he went to the operating table he refused to have it done. He received *puls.*, *merc. iod. rub.*, *ars. iod.*, *phyt.*, *asaf.*,

and other remedies, but he finally passed from my knowledge unimproved. There were no symptoms of the skin developed; its general appearance was pale, the patient himself having an anemic look.

Dr. Putnam: In a case of scrofulous or strumous orchitis of several years' standing, in which the sac had been punctured, draining off a small amount of fluid, the testicle was hard and nodulated. The glands of the neck were swollen and suppurating. The testicle was tender to the touch, but not very painful except when he attempted to work, when there was a constant dragging pain, compelling him to stop. Dr. Seip and myself aspirated it, and finding the sac contained pus, we cut down upon the testicle, which was surrounded by a thick gristle-like layer. After some difficulty, we removed the testicle, and since that time the man's general health has been much better. The glands of the neck recovered their normal tone. *Arsen. iod.* was given persistently.

Dr. Winslow: One case which came under my notice was that of a young man who had fallen some thirty feet and fell across a log. The scrotum was of a very dark color, and remained so for a long time after the testicle was relieved, which was in a few weeks. In regard to the disease occurring more frequently upon the left side than upon the right, it may be due to the anatomical fact, that the left spermatic vein empties into the vena cava through the renal vein, while the right vein empties directly into the vena cava.

Dr. Boardman: I had a case similar to those mentioned by Dr. McClelland, as of syphilitic origin. It was treated with *merc. iod. flav.* internally, and the aqueous extract of *hamamelis* externally, and was promptly cured. Another case was that of a young man who suffered for years with a erysipelous eruption upon the face and neck. This condition had been treated in the old school, and almost always by external applications. He was treated by myself in the last attack, and about two months afterwards, he reported an attack of orchitis. The testicle was smooth, hot, shining and swollen, and the scrotum was enormously swollen. He felt compelled to walk about all the time, and could only obtain relief in this way. *Rhus* was given internally, and *ham.* extract externally. He was discharged within ten days. In a case of parotitis in a riverman who was very anxious to get home, the danger of this complication was pointed out, but he insisted on making the attempt. Three days later word was received that he was dead, with the explanation only, that the disease "went down."

Dr. Ramage: I have two cases now under treatment, one of them being undoubtedly syphilitic, since I treated him about a year ago for the primary stage. The testicle is hard and nodulated without any pain, except a slight dragging sensation. He is around all the time attending to his work. He is improving under *merc. iod.*, 2d trit. 3 times a day. The case which has given me the most trouble, is one in an old gentleman, who is suffering from an enlargement of the prostate gland. He is frequently attacked with inflammation of the gland, which will extend to the testicle. He will be compelled to use the catheter for some time. The inflammation will gradually subside, and he will be comfortable until the next attack. *Nux. vom.* is the remedy which has given the greatest relief.

Dr. Pitcairn: Dr. Seip doubted the statement in reference to the recovery from orchitis within four or five days. I had a case last summer, the result of gonorrhoea. The testicle began to swell, and on the second day I found him confined to bed. The swelling was very much increased, and the testicle tender to the touch. He could not move without causing great pain. I ordered *bell.* externally and gave *bell.* in dilution, internally. The next day he was resting easier, and the swelling was going down. On the third visit the swelling was

almost entirely gone, and he was up and around the room. The next day he was at work. I remember a case in the clinic of Dr. Biggar, of Cleveland, where one of the testicles was removed on account of a supposed malignant condition. Six months later, the remaining testicle began to be similarly affected. The man was put on *coniun* and *graphites*, which were continued persistently until the testicle was restored. In a case of orchitis treated in the dispensary, which had been under old school treatment for a month, and where the inflammation was very severe, slight relief was given by internal treatment and a suspensory bandage. I then applied adhesive straps to the scrotum, and the relief was more prompt than in any other of my cases. The relation of the spermatic vein to the sigmoid flexion of the colon and its liability to pressure, is another anatomical reason for the frequency of the attacks on the left side.

Dr. Caruthers: One case following gonorrhoea was relieved within seven days, by means of *merc. sol.* and the use of the suspensory, and without confining the patient to the house. A second case, also the result of gonorrhoea, was cured within two weeks.

Dr. McClelland: In one case there was an enormous distension of the testicle and tunics surrounding it. The testicle was very hard and firm, and had been painful. The condition was of some six months' duration. There had been a central swelling of the testicle, and a sudden enlargement of the scrotum. The sac was laid open, and about a quart of coagulated blood turned out, showing the cause of the tumor. The first condition had evidently been an orchitis, and a rupture of some blood vessel had produced the hematocoele.

DISEASES OF THE MONTH.*

Dr. Martin: Case 1.—Mrs. —, 48 years of age. Diagnosis, rheumatic fever. The history showed several previous attacks of rheumatism, often confining her to the bed for weeks at a time. The pains are wandering, and the patient low spirited, crying while relating her symptoms. The present attack has lasted one week. The general conditions were as follows: Has menstruated irregularly for two years, no appetite or thirst, nausea when sitting up, cannot endure heat, bowels bloated, symptoms worse in the evening. Pains in right arm and both legs, pulse 90. *Puls.* was given and repeated again on the following day, the patient being about the same. On the third visit the pains were in the fingers and great toes and knees, urine depositing a sandy sediment. *Lyc.*⁸⁰ was given, and on the fourth visit we have: rested better last night, and general condition improved. *Sac. lac.* was given until the eighth day, when she was up and able to be about, appetite pretty fair. She complains of hæmorrhoids, the tumors burn, and warm applications relieve. *Arsen.* was given, and on the next day she was discharged, the improvement being marked.

Case 2.—This case was a child about 13 months old. The diagnosis at first was obscure, but was finally ascertained to be diphtheria. The child seemed to have a cold with some fever, coming in paroxysms and of a pungent character, restless, throat red, bowels loose, some vomiting, will not nurse, cutting teeth. *Bell.* was given for two days without any relief, and followed by *cham.* On the fourth day the following symptoms appeared: Constant fever, discharge from the nose, breathing through the nostrils only, membrane appearing in the nose; *lycopod.* On the next day the diagnosis was confirmed. There was slight exudation on the tonsil and the child weaker. *Lyc.* was continued for five days, and then *sac. lac.* was given for 48 hours, when there was an aggravation of all the symptoms. *Lycopod.* was again given and continued for eight days, when the child was discharged.

* (At every meeting of the society, three of its members are appointed by the President to observe and report upon special diseases or prevailing epidemics in their respective districts, and report at the next meeting. Sec'y.)

Case 3.—Boy, 3 years of age. Diagnosis, measles. *Acon.* was given, but on the next visit there was a rapid pulse and respiration; also slimy, bloody stools with urging, often without any discharge. *Merc. corr.*¹² was given. On the next day there was a general aggravation of the bowel trouble, when the remedy was given in the 3d trit., and on the following day the trouble was gone entirely.

Case 4.—Miss S.—, age 24 years; diagnosis, typhoid fever. The first day in which she was seen the temperature was 101°, the bowels torpid, headache, general prostration, and other symptoms calling for *bryonia*. On the third day the temperature was 103°, some diarrhoea, and *rhus* was given. This patient had had poor health for a year, (ever since the sudden death of her father), with some hysterical manifestations; but she had not been confined to bed except for the past few days. In the evening she complained that she could not breathe, and there was a sensation of constriction of the chest. *Aesq.*⁸ and inhalations of *musk* relieved this condition, and she passed a comfortable night. On the fourth day the temperature was 103.2°. In the evening the temperature was 103°, and the pulse somewhat higher than usual. She was very nervous and disposed to cry and lament. *Ign.* was given in alternation with the *rhus*. On the fifth day the pulse was 120, temperature 103°. In the evening there was slight delirium, with throwing off of the clothes, and desire to escape. The bowels were at this time very much better. *Hyo.* was given for the delirium. On the next day the temperature was 102.4°, and the *Hyo.* was continued. On the seventh day the temperature was 102.4°. Epistaxis about 5 p. m., and also spitting of blood from the mouth; delirious. In the course of two and a half hours the hæmorrhage was controlled by *ham.* and pledgets of cotton in the posterior nares. The patient rested better after this attack than for some time before. The next day the temperature was 104°, pulse rapid, cold breath, and every sign of an approaching paralysis of the pneumogastric. She continued to lose strength, and died in the evening. Temperature at time of death was 104.2°.

Case 5.—Child, 13 months old, diagnosis, measles: Had been sick for several days, the rash appearing on the day before my visit. The rash was abundant over the body, and the child did not seem very sick. The rash, however, disappeared suddenly, and I was called. I found the child lying motionless, breathing short and rapid, and the pulse rapid. If moved the child cried as if hurt. *Bry.* was given, but in the evening there was no improvement, every respiration being a puff. *Opium*⁶ was given, and in three hours the rash began to reappear, with signs of general improvement. On the next day the improvement still continues, and on the third day the respiration is not much above the normal, but for the cough which is present *phos.* is given, and on the following day the case was dismissed.

Dr. Pitcairn: A case of typhoid in a little girl nine years old, and of a nervous, sanguine temperament. She had been complaining for a day or two before I saw her. When first seen, January 26, the temperature was 103.5°, pulse quick, respiration 16, skin hot and moist, bowels constipated, appetite moderate, thirst at night, tongue inclined to be dry. *Gels.*³ On the 30th she seemed better, and had slept some the night before. February 1: cough dry and hard, tongue dry and brown, so *rhus* was given. February 7, the cough was about the same, tongue moist, rests more quiet, sleeps well, sudamina over the abdomen. February 11, the cough was better, abdomen tympanitic. On the 17th the abdomen was soft and the general condition improved. On the 19th she was sitting up and felt pretty well. On the 20th the temperature was 99° and the pulse 128. *China*.

Case 2.—Mrs. —, age 29 years, bilious temperament. Complains of a sore throat. On examination,

we find an ulcerated condition of the throat and tonsils. When seen on February 14, she had been sick since yesterday. The breath was offensive, thick white coating on the tongue, no appetite, temperature 104°, pulse 132. On the 15th there was headache, but the throat feels better; breath still bad, yellowish spots on the tonsils, which are still swollen. On the 17th the swelling is reduced, the throat looks clearer, appetite better. She has had attacks of this kind for several years, and they had been called diphtheria by the physician in charge. *Bell.* was given for two days, and then *merc.* solution was alternated with it and continued to the end of treatment.

Case 3.—A lady of 54 years of age, phlegmatic temperament: She has been subject to sinking spells for several years, at which times the heart feels as if squeezed. She lies like one in a faint, but the pulse is full and natural, as well as the pupils; the attacks last from 10 to 15 minutes. She complains of great pains in the head, especially in the occipital region and neck, heaviness of all the limbs, feels prostrated, no appetite, tongue moist with thin white coating, sensation of ice water upon the lower limbs. Temperature 98½°, pulse 80, respiration 16. *Bry.*³ was given and continued for three days. At this time the head was better, as also the appetite, still feels weak and nervous, together with the cold sensation already described. There are warm sweats at night, limbs and body feel warm. *Gels.*³. Six days later there being no improvement, *cann. sat.* was given for two days but then without any improvement and *ign.* was given, followed by *cactus*. The latter remedy seemed to give some relief, but the sensation of coldness and feeling of prostration still remained, when she passed from my hands.

Dr. Fulton: *Case 1.*—Incontinence of Urine cured by five or six applications of Electricity.—Two cases, aged four and six years respectively, having resisted every kind of internal treatment, I placed the positive pole over pubes and the negative on perineum. The strength of the current was made to correspond with the sensitiveness of the parts to be treated, and I increased the current only to a degree wherein the child was made sensible of its presence. Five or six applications were made, each from five to ten minutes. Have two other cases under treatment at present, aged seven and four—boy and girl. The first two, I should have said, were boys. In all cases I found this region of the body under treatment to be less sensitive to the battery than other parts, say the hands. Two or three applications had the effect of restoring the nerves to a normal strength. The battery was applied at intervals of three or four days. The boy, in last pair under treatment, was restored, at least temporarily, by the first application. His mother thought it was not necessary to repeat the dose, but I propose to continue its use for a short time.

The first pair were treated one year ago. The mother informed me last week that the children have had no return of their trouble since.

Case 2.—Typhoid Fever.—Miss K., at 20. Nervous temperament. When in health active and energetic, but for three months previous to her fever stage she was discontented, fretful, tired and inactive; all energy seemed to be wanting; the fever followed two or three days of chilliness. On the 16th day of March she had a violent headache with nausea. Temperature of body 101½° in morning; evening 104½°, pulse 130. First week the temperature ran up to 105° and pulse to 124. At this stage there was subsultus tendinum, and menstruation set in with great nausea, restlessness, trembling, cadaverous odor from the mouth and delirium. This state of things continued with morning remissions and evening aggravations until about the sixteenth or seventeenth day when all symptoms gradually subsided. Diarrhoea occurred during the second week, but not more than four stools in 24 hours. The patient is now convalescent. *Bell.*, *bryon.*, *bapt.*, *arsenicum*, *Hyo.* and

muratic acid were prescribed. *Glycerine* and water, one part of former to six or eight of latter, were given in teaspoonful doses every three or four hours. Compresses made of linen towels folded and wrung out of warm water were applied frequently to the stomach and abdomen. The spine was sponged with hot water every two to four hours through the evening and night, during the high stage of the fever.

Case 3.—Mr. E., aged about 30 years. Suffering with inflammation of the tympanum. I was called at midnight, and found him in intense suffering. He was throwing himself on the floor, pitching over the bed, walking over chairs, howling at the top of his voice, wife trying to hold on to him to prevent him from throwing himself into the fire. With a hop poultice on each ear, well secured by means of a folded blanket, my patient presented not only a grotesque, but a very formidable appearance. By shouting at the top of my voice I made him understand that I wanted to look into his ears. I found them full of mucus and very tender to the touch. He could not endure the introduction of the speculum. There was no pain or tenderness over the mastoid bone. I sat by him almost an hour and poured a steady stream of warm water, medicated with the tinc. of *aconite*, into the ears, alternating from one ear to the other. Within five minutes from the application of the hot douche, the pain gradually subsided, and in less than an hour he thought he could go to bed and sleep. He said he had not slept for two nights, for the pain in his ears. I gave *acon.* internally, also, and instructed his wife to use the hot douche whenever the pain returned. Politzer's air bath restored his hearing in part, but with an explosion that he thought the top of his head was coming off. About three weeks has intervened since the attack, and he has visited my office at intervals of two and three days in the meantime, that I might use the air-bag. Its use invariably improves his hearing. Some catarrh remains, the discharge being of a thin mucous nature. Moderately severe tinnitus has continued, which does not yield to the remedies I have been using, or the external means employed for his relief. Partial deafness still remains with very little improvement from day to day, and I fear that his hearing will continue permanently impaired. (T. M. S.)

HOMEOPATHIC HOSPITAL AND DISPENSARY OF PITTSBURGH, PA.

The sixteenth annual meeting of the trustees and incorporators of this charitable organization was held on April 18th, and was of especial interest from the fact that it was to be the last meeting which would be held in the present building. The plans for a new hospital have been determined upon and it will be erected at once.

A retrospective glance of the work done in the past sixteen years as given by the Chairman of the Executive Committee may not prove uninteresting. The number of patients treated in the hospital has been nearly 5,000, with an average mortality of five per cent. During the same period over 150,000 prescriptions have been issued from the dispensary and 5,000 visits paid to the homes of those who were too ill to attend in person. The total expense, including the purchase of the original buildings has been \$193,000. During this period Dr. J. H. McClelland has been the active and efficient secretary.

The report of the medical board for the year 1881-2 shows that 302 patients were treated in the hospital, of which 233 were charity patients. The number treated would have been larger but in consequence of the contemplated destruction of the present building it has been necessary to refuse admittance since February, to all except those suffering from a milder form of disease or injury. 10,819 prescriptions have been given in the dispensary and 503 visits made.

With the \$50,000 voted by the State and a similar amount subscribed by ten persons, the hospital has a fund of \$100,000 to build and equip their new building.

While it is difficult to draw a line among so many active workers, it would be only just to state that to Dr. J. F. Cooper, more than anyone else, is due the credit of developing and maturing the present plans, which, when carried out by the erection of the building will give us a hospital as thoroughly adapted for the use contemplated as any other similar institution in the country.

The occasion was saddened by the announcement of the death, which occurred early in the day, of the wife of Dr. J. C. Burgher, which though looked for in the near future came nevertheless unexpected. Mrs. Burgher had been identified with the hospital from its organization and was one of the most active workers for its interest. (T. M. S.)

TRANSLATIONS, GLEANINGS, ETC.

REGINA VS. LAMSON.

On Wednesday, March 8th, 1882, at the Central Criminal Court, before Mr. Justice Hawkins, George Henry Lamson, aged twenty-nine, surgeon, was indicted for the willful murder, on Dec. 3d, 1881, of his brother-in-law, Percy Malcolm John, aged nineteen.

Percy Malcolm John, who was a cripple with curvature of the spine and paraplegia, had property to the extent of £3,000, half of which at his death would revert to the prisoner's wife. John had, for three years prior to his death, been at Blenheim House School, at Wimbledon, kept by Mr. W. H. Bedbrook. On December 3d, 1881, John was, with the exception of his paralysis, in good general health, and on that day had taken his meals, breakfast, dinner, and tea, in company with Mr. Bedbrook among others. On Saturday, December 3d, Lamson called on John at Blenheim House at 6.55 p.m., and their interview took place in the dining-room of Blenheim House, in the presence of Mr. Bedbrook. Mr. Bedbrook offered Lamson some wine, which he accepted, and then Lamson asked for some sugar, as the wine (sherry) was rather strong, and he said "sugar would destroy the alcoholic effects." A basin of white sugar was brought, and Lamson put some of it into his sherry. Lamson then produced a Dundee cake and some sweets, of which all three partook. At 7.15 p.m. Lamson produced a box of gelatine capsules from his pocket, and said, "Oh, by the way, Mr. Bedbrook, when I was in America, I thought of you and your boys. I thought what excellent things these capsules would be for your boys to take nauseous medicines in." Lamson then gave a capsule to Mr. Bedbrook, and filling another with sugar, handed it to John, and said, "Here, Percy, you are a swell pill-taker; take this, and show Mr. Bedbrook how easily it may be swallowed." John swallowed the capsule; the prisoner soon said, "I must be going," and at 7.21 p.m. left the house. A little after 8 p.m. John complained of heartburn, and soon after said, "I feel as I felt after my brother-in-law had given me a quinine pill at Shanklin." He was carried up to his bedroom and about 9 p.m. was found in great pain and vomiting. He complained that "his throat appeared to be closing, and the skin of his face felt drawn up." At 11.30 p.m. he died. John was treated by linseed poultices to the abdomen, white of egg beaten up with water, and two hypodermic injections of *morphia* of one-sixth of a grain and a quarter of a grain respectively.

The post-mortem examination of John's body was made on Dec. 6th, 1881, by Dr. Little and Mr. Berry, of Wimbledon, and Mr. Bond of the Westminster Hospital. The spinal disease was found to be old and inactive. There were some old adhesions of the lung. The lips and tongue were pale. The cerebral meninges, liver, kidneys, spleen, and the mucous membrane of the stomach were much congested. The mouth and lips were

pale. On the under surface of the large end of the stomach were six or eight yellowish-gray patches, a little raised, about the size of a small bean, and towards the smaller end were two or three similar ones. The heart was almost empty, but healthy. The lungs were congested, the posterior parts very much so.

The analyses of the viscera, vomit, and the articles of which John might have partaken were conducted by Dr. Stevenson, of Guy's Hospital, in conjunction with Dr. Dupré, of the Westminster Hospital, and the results obtained by the one were verified by the other.

The results were briefly as follows:

1. Portions of the liver, spleen, and kidneys treated by Stas's process gave evidence of slight traces of *morphia*, and the *alkaloidal* extract when placed upon the tongue produced the numb tingling sensation which is characteristic of *aconite*, and which, for the sake of brevity, we will call *aconitism*.

2. The contents of the stomach similarly treated produced *aconitism*.

3. The stomach itself similarly treated showed the presence of an *alkaloid*, but the extract failed to produce *aconitism*.

4. The urine gave evidence of *morphia* and *aconitine* and the extract obtained from an ounce of the urine killed a mouse in thirty minutes when injected under its skin; the symptoms being exactly similar to those produced by injecting a minute quantity of a solution of Morson's *aconitine*.

5. A mixture of the extracts from 1, 2, and 3, when injected under the skin of a mouse, killed it with similar symptoms in twenty-two minutes.

6. The vomit was found to contain muscle, starch, onion, vegetable pulp (probably apple), raisins, candied peel, and pine apple essence. It contained neither *morphia* nor *quinine*, but very marked *aconitism* was produced by a minute quantity of the extract, which lasted for over six hours, and when injected under the skin of a mouse it produced powerful symptoms in two and a half minutes, and killed in a quarter of an hour.

Dr. Stevenson considered that the vomit contained as much as a quarter of a grain of *aconitine*.

In the beginning of 1881 Mr. Bedbrook received a letter from Lamson, who was then in America, and a box containing a dozen pills. The letter requested Bedbrook to give the pills to John, as Lamson had heard of cases in America similar to that of John being benefited by the pills in question. The deceased had taken one of the pills, and the next morning complained of being very unwell, and said he should take no more of the pills. On Aug. 28th Lamson bought three grains of *sulphate of atropine* and one grain of *aconitine* of Mr. Albert Smith, a druggist of Ventnor. On Aug. 29th Percy John, who was staying in the house of a Mrs. Jolliffe at Ventnor, was taken ill with diarrhoea and prostration, and a feeling "as if he were paralyzed all over."

Lamson was living with his father in Ventnor between August 6th and October 23d, 1881, and was in the habit of going to the house where Percy John was living, and had actually called upon him on the 29th. On Oct. 13th he bought twelve *quinine* powders (containing a grain and a half each) of Mr. Littlefield, a druggist of Ventnor. John at the time of his death was taking *quinine* powders which had been supplied to him by Lamson. On Nov. 11th Lamson had bought of Bell & Co. half an ounce of a mixed solution of *morphia* and *atropia*, containing forty grains of *morphia* and one grain of *atropin*, and on the 16th of November he bought the same amount of a similar solution. On Nov. 16th he also asked for five grains of *digitaline*, which were not given to him because the sample in stock was not thought to be good, and on the 20th of November he asked for one grain of *aconitine*, with which the assistant in the shop refused to serve him. On Nov. 24th he purchased two grains of *aconitine* of Messrs. Allen & Hanbury.

Among the effects of the deceased were found twenty *quinine* powders numbered from 1 to 20. Nos. 1, 2, 3, 4, 5, and 6 were in larger papers than the rest, and the powders were nearly uniform in weight containing about one grain and a half of *quinine* in each. Nos. 7 to 20 inclusive were wrapped in smaller papers and varied in weight from 6-10ths of a grain to 1-8th of a grain. Nos. 16, 17, and 19 differed in appearance from the rest, having an admixture of a pale fawn-colored substance. They all contained *aconitine*. No. 16 contained .83 grain of *aconitine* and .96 grain of *quinine*. One-fiftieth of a grain of the *aconitine* contained in this powder killed a mouse in six minutes and a half. One of the pills which had been sent by Lamson from America was found to contain nearly half a grain of *aconitine*. Some of it injected into the back of a mouse killed the animal in less than five minutes, and the *aconitism* produced by a small quantity on the tongues and throats of the experimenters lasts for over seven hours. Witnesses were called to prove that Lamson would benefit pecuniarily by the death of the deceased, and that at the time of John's death he was a bankrupt without a penny in the world.

No witnesses were called for the defence. The counsel for the defence was unable to bring forward any solid refutation of the evidence and the opinions of the experts; and the jury after deliberating thirty-five minutes returned a verdict of Guilty. Sentence of death was passed in the usual form.

[After the conviction of Dr. Lamson, evidence was brought forward in this country which was considered of such importance that the President requested Minister Lowell to ask for a reprieve until the new evidence could be sent forward and considered by the government. The reprieve was granted, and a mass of evidence forwarded proving insanity in the family, and the reckless manner in which the prisoner had used *aconitine* upon himself and others for years. Physicians and friends who had associated with him for some time, believed him to be insane, or at least that the killing was not intentional.—EDS.]

REMOVAL OF THE UTERUS FOR CANCER.—Dr. Andrew F. Currier, in the *New York Med. Jour. and Obstetrical Review*, November, 1881, thinks the advantages of the vaginal method over that of Freund by laparotomy are enormous. There is but one section of the peritonæum. The intestines are unharmed. There is a better opportunity to discover diseased tissue, which is most likely to be situated in the vicinity of the cervix, and, most important of all, the patients often survive, which is rare by Freund's method. But most patients are not likely to be benefited by either of these serious operations; the most hopeful cases will be those in which the patients are warned of their danger in the early stages of the disease, and in such cases Schroeder's supra-vaginal excision of the entire cervix is likely to prove of service. This operation, while not so radical as removing the entire organ, and hence not so efficient in cases involving the tissues above the internal os, is far less grave, and is, besides, more thorough than amputation of the cervix, and it has ordinarily been done in the past.

CARBOLIC ACID IN WHOOPING-COUGH.—Dr. MacDonald (*Edinburgh Med. Jour.*, 1881, 1094) says that on extended trial he finds *carbolic acid*, in doses of one-fourth of a minim to a child of six months, one-half minim for a year, and one minim for two years and upwards, to be the best remedy for whooping-cough. The whoop goes; the vomiting ceases, the paroxysms are modified in intensity and frequency. This result Dr. MacDonald believes to arise from an action similar to that of creosote on the motor fibres of the vagus to the stomach, and from a lowering of vitality of the specific germ of whooping-cough disease. This points to the antiseptic treatment of the zymotic diseases generally.

THE POISONOUS NATURE OF THE SECRETIONS.—An Article on "Permanganate of Potassium an Antidote to the Poison of the Cobra," translated from *Journal d'Hygiène* for the *Therapeutic Gazette*, Nov., is of much interest both on account of the very important discovery which it announces, and the hint which it contains as to the nature of the deadly poison of the cobra. Experiments by Dr. de Lacerda, of Rio de Janeiro, the discoverer of the antidote, appear to have proved the striking analogy of this virus with the pancreatic juice—in fact, that the two substances are to all intents and purposes the same. This conclusion is further upheld by the results of certain experiments recently reported to the National Board of Health, by Dr. George M. Sternberg, Surgeon U. S. A. In the course of these experiments Dr. S. injected subcutaneously into rabbits a small portion of saliva from his own mouth. In three out of five such experiments death followed very speedily, and post-mortem examination revealed diffuse cellulitis with effusion of bloody serum about the point of injection. The serum was found to be swarming with bacteria, and bacteria were also found throughout the tissue. The saliva is thus seen to have proved a septic poison of great virulence.

In connection with this subject recent observations communicated by M. Gautier to the Paris Académie de Médecine, will also be of interest. M. Gautier took twenty grammes of human saliva from which, by lixiviation and purification, he obtained a substance which he injected in the form of a solution under the skin of a bird. Almost immediately the bird was seized with trembling. It staggered and fell to the ground in a state of coma which terminated by death in half an hour or an hour, according to the dose injected and the vigor of the bird. The symptoms resembled very closely those of poisoning by a venomous serpent. The poisonous matter of the saliva is thought to be an alkaloid similar to the cadaveric poisons called ptomaines, which have been isolated. Like them this substance produces Prussian blue when mixed with ferrocyanide of potassium.

"Is it possible" (asks the *Gazette*, commenting on the above results) "that the poisons of our zymotic affections exist in the body and are not taken in from without? Are they natural secretions which through some influence, telluric, mental or otherwise, have remained unchanged and have thus failed to do their physiological duty and have been absorbed unchanged? These, it seems to us, are very pertinent queries, and it is barely possible that if investigators were to direct their search for the morbid influence more to the environment of the individual than to bacteria, micrococci, algae, *et id genus omne*, an advance might be made from the stationary condition in which such matters have remained for a quarter of a century, notwithstanding the wealth of intellectual research which has been lavished on them."

MANAGEMENT OF THE SHOULDERS IN LABOR.—The *Maryland Med. Jour.*, Nov. 15, 1881, contains a paper read by Dr. J. Morris, before the Baltimore Academy of Medicine, Nov. 1, 1881, from which we extract the following:

"The proper plan is, before the head actually commences to impinge on the soft parts, to pass the finger round the whole surface of the perineum, inside, during the pain, and attenuate the tissues by drawing them downwards and backwards. This kind of *massage*, so to speak, is of great service in preparing the perineum for the severe strain it is about to undergo."

"After the delivery of the head the proper plan is to rotate the shoulders in the reverse direction to that taken by the face, so as to bring them into the opposite oblique direction to that of the head. This rotation can be assisted by placing one hand upon the back of the neck and another upon the sternum as the shoulders are about to pass."

"The great frequency of rupture of the perineum by the shoulders is due to the fact that they are too often

disregarded in the management of the labor. The head being delivered without injury to the soft parts, the accoucher thinks all difficulty is over. But this is a very great error. The shoulders form abrupt stumpy projections, which are very apt to cut the attenuated parts if not properly watched and controlled. I have not, in what I have written, given any attention to the treatment of those cases in which the great size of the shoulders arrests the delivery before the head is born, for the reason that this branch of the subject has been ably treated by a French gentleman, M. Jacquemier, in an excellent paper published some years ago."

"I have spoken of the proper management of the glottis as a means of saving the perineum. Tyler Smith is the only author who dwells sufficiently on the importance of this matter. The more outcry the woman makes at the terminal stage of labor—that is, when the head and shoulders are about to pass—the better. The extreme dilatation of the glottis adds to the safety of the perineum by the relaxation of the sphincters which it produces. The woman, therefore, should be encouraged to cry out at this crisis. Her very distress seems to be the means devised to save her from future injury."

CHEMICAL CHANGES OF FOOD.—In *La Presse Médicale* of September, 1881, G. Dulaunay, after speaking of Pasteur's discoveries, says: "A pupil of Pasteur, M. Duclaux, having been appointed by the Minister of Agriculture to study the ferments produced in the manufacture of cheese, comes to the conclusion that the ferment is the principal agent in bringing about the changes in nitrogenous substances. From his researches there exist normally in the digestive tube certain species of bacteria which play a very important and even indispensable rôle in the digestion of the albuminoid substances. It has been believed up to this time that the food was dissolved and changed by the action of certain digestive juices, such as the saliva, gastric juice, pancreatic juice, etc., but it has been shown by M. Duclaux that digestion is not only a chemical but also a vital one, since it is favored and completed by the myriads of living beings which normally exist in our alimentary canal. According to M. Duclaux our whole theory of digestion must be remodeled."

A NEW CLIMATE FOR CONSUMPTIVES.—In the *U. S. Med. Invest.*, November 15, Dr. C. L. King, speaking both from personal experience and professional observation, declares his belief that the climate of southwestern Missouri, in which he resides, is "the most favorable for lung diseases that can be found in this country." The region is situated 1,400 feet above sea level, on the broad table lands along the summit of the Ozark Mountains, "where there is always a breeze from the gulf that makes the days in summer pleasant and the nights universally cool." "The expense of getting here is not great, and the patient can easily return home any time if discontented, while, socially, or if desirous of business, he can enjoy every advantage and facility during his stay."

CHLOROFORM AND ETHER POISONING.—No surgeon in operating, or physician in endeavoring to alleviate pain or spasm by the aid of the drugs above-mentioned, should be without *nitrite of amyl*; it is, in fact, indispensable, being the most reliable antagonist to the action and depressing influence of both *chloroform* and *ether*.

ANTIDOTE TO STRYCHNIA.—Dr. A. W. McKinley, in *Medical Brief*, states that, in the cases of a young lady who had taken *strychnia* with suicidal intent, and of several valuable dogs who "had got their dose," he effected cures with fluid ext. *Prunus Virg.* He hopes the antidote will be tested by others.

THE FLAG OF SIMILIA HELD ALOFT FROM AN OLD SCHOOL CITADEL.—The transactions of the Medical Society of Virginia, 1881 (*Va. Med. M'tly*, Jan.) contain a learned and elaborate paper on "the Physiological and Therapeutic Action of the Sulphate of Quinine," by Dr. Otis F. Manson. In the course of his remarks on pernicious fevers, occurs the following paragraph:

"If, leaving the classic shores of Italy, we visit Africa, we behold the skillful and intrepid Mailott, bravely battling against the concentrated miasms of that deadly clime. Here are presented to us the most fatal examples of the force of that poison, more noxious than the upas; and like the thunder-bolt of heaven, often destroys its victim at a blow. But little time is allowed here for argument as to congestion of the pia mater or gastric irritation. We must act on the instant, or death claims its victim. Here we observe our heroic remedy displaying its mighty power. To the brain congested, as in apoplexy, it brings rapid relief; to the cerebro-spinal membranes, which Mailott invariably found inflamed after death, we offer the agent, which which has been accused of inflaming them—exclaiming *Similia Similibus Curantur!* And with what results? Let one speak who came and saw and conquered."

The testimony of "Hutin, Chirurgien en Chef à l'Hôtel Royal des Invalides," as to the efficacy of the treatment, is then quoted.

We invite the immediate attention of Prof. A. B. Palmer to this portentous avowal.

PICROTOXINE IN NIGHT SWEATING.—Dr. F. P. Henry having employed *picROTOXINE* in nearly 100 cases, writes to the *Philadelphia Medical and Surgical Reporter* that his "success with this substance, in the treatment of night sweating, in phthisis and other diseases, has been so decided" that he "can no longer postpone the public expression of his opinion concerning it." His custom has been to give a pill containing 1-80 gr. at bedtime, which dose may be repeated once or twice during the day in obstinate cases.

STYPTIC COLLOID.—The *Chemist and Druggist* (London) says, that the following will instantly coagulate blood, forming a consistent clot, under which wounds will readily heal:

<i>Collodion,</i>	100 parts
<i>Carbolic acid,</i>	10 "
<i>Tannic acid,</i>	5 "
<i>Benzoic acid,</i>	5 "

Mix the ingredients in the above order.

THOS. POTTS JAMES, the eminent bryologist, died recently at Cambridge, Mass., in his seventy-ninth year. Until within a few hours of his death, Mr. James was working on a Manual of North American Mosses, which he, in connection with M. Leo Lesquereux, was preparing for the press, giving the result of the study of the past forty years.

DR. JOS. KUCHER (*Wein Med. Wochenschr*) recommends that the application of the forceps to the after-coming head in breech cases be discarded, and traction and expression be relied upon as specially advised by Penrose and Goodell, of Philadelphia. He makes this recommendation on the experience of 6,000 labors in the last two years.

LAWSON TAIT maintains that the function of menstruation is seated in the fallopian tubes, and that ovulation and menstruation are wholly independent of each other.

IF ovarian tumors were never tapped, ninety-eight per cent. of recoveries would be the rule in ovariectomy. —*Maryland Med. Jour.*

THE Middletown Asylum has two large green-houses which supplies plants and flowers to such of its inmates as desire them, and we learn that additional facilities in this direction are about to be instituted. We surmise that this enterprise will become a source of pecuniary income to the institution rather than an expense, besides adding largely to the pleasures of the poor unfortunates who are compelled to remain in confinement, and may prove an aid toward recovery.

In Bunhill Cemetery, London, is the following epitaph:

"Here lies Dame Page, relict Sir George Page, Bart., departed her life Mar. 4, 1733, in the 56th year.

"In sixty-seven months was tapped sixty-six times. Had taken away two hundred and forty gallons of her water without ever repining at her case or even fearing the operation." W. C. B.

DR. W. P. ARMSTRONG, the Secretary, announces that at the next meeting of the American Pædological Society, to be held in Indianapolis in June next, the topics for discussion will be: "Infantile Eczema, Capillary Bronchitis, Diphtheritic Croup, and Elementary Infantile Foods," and papers are solicited upon these subjects from those interested.

REMOVALS.—Doctors Marcy and White to No. 353 Fifth Avenue. Dr. A. Varona to No. 188 Remsen Street one door from Court Street, Brooklyn. Dr. J. H. McDougall to No. 127 E. 83d Street, N. Y. Drs. Moore and Dearborn to 51 E. 59th Street. Dr. F. H. Boynton to 22 W. 88th Street.

DR. GEO. M. OCKFORD has removed from Burlington, Vt., to Vincennes, Ind., from which point we shall hope to hear from him often through the columns of THE TIMES. We cordially commend him to the profession in his new location.

DR. SAMUEL O. L. POTTER, of Milwaukee, recently graduated at Jefferson Medical College of Philadelphia, was awarded the prize of \$100 (offered by Henry C. Lea's Son & Co.) for the best thesis, the subject of which was "Dyslalia."

We regret to learn that our esteemed and venerable colleague, Dr. D. S. Kimball, of Sackett's Harbor, is suffering from a fracture of the shoulder, which disables him from practice. He has our best wishes for his recovery.

DR. JAS. H. PATTON, of Richmond, Va., will commence, in the April number of the "Southern Clinic," a series of papers in review of Dr. A. B. Palmer's book on "Homœopathy—What is it?"

TWENTY-FIVE grains of common table salt, placed in the mouth and swallowed with a sip of water, is recommended as being very efficacious in whooping-cough.

DR. A. P. WILLIAMSON, Chief of Staff, reports 867 patients treated at the Homœopathic Hospital, W. I., during March, with a death rate of 2.77 per cent.

DR. R. V. PITCAIRN, M. D., of Allegheny, Pa., has been elected by the Poor Board to serve as physician for those who desire the homœopathic treatment.

N. Y. OPHTHALMIC HOSPITAL.—Report for March: Prescriptions, 4,872; new patients, 731; resident, 23; average daily attendance, 181; largest, 249.

THE Twenty-seventh (27th) annual session of the Illinois Homœopathic Medical Association will be held in Chicago, May 16, 17 and 18, 1882.